OCCUPATION

FATHER

OTHER

Σ

13. NAME

14. BIRTHPLACE (city or town)

15. MAIDEN NAME

(Address)

(Address)

19. UNDERTAKER

(State or country)

16. BIRTHPLACE (city or town).

18. BURIAL, CREMATION, DR REMOVAL

Rose

(State or country)

James

James H. Callin. Magerstown.

red W.Kraiss.

Hagerstown. Md.

FOR BINDING

state

STATE OF MARYLAND-CERTIFICATE OF DEAT 1. PLACE OF DEATH

Н	41	63
	1120	46
st. No.	0 2	
Hospi	tal	Ward
угз	mos	ds.

Village or City Hagerstown (If death occurred in a horpital or institution, give its NAME i Length of residence in city or town where death occurred 15 mos. ds. How long in U.S. if of foreign birth? 2. FULL NAME Washington E. (a) Residence: Np. (Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Female White Married. 5a. If married, widowed, or divorced HUSBAND of James H. Albert. (or) WIFE of 6. DATE OF BIRTH (month, day, and year) Mar 30. 7. AGE Months Days If LESS than 23 1 day, ____hrs. 6 or min. 8. Trade, protession, or particular kind of work done, as SPINNER, HOME. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 1D. Date deceased last worked at this occupation (month and 11. Total time (years) spent in this occupation ... 12. BIRTHPLACE (city or town) (State or country) Callin. H.

Washington.

MEDICAL C	ERTIFICAT	E OF DEATH	
21. DATE OF DEATH			
***************************************	Oct (Month)	(Day)	(Year)
I last saw h alive on to have occurred on the date state. The PRINCIPAL CAUSE OF DEATwere as follows:	ed above, at	2/30 A 19 ³ M uses of importance	deceased from 19
Dther Contributory Causes of Imp	ortance:		
Name of operation			
23. If death was due to external car Accident, suicide, or homicide? Where did injury occur? Specify whether injury occurred it Manner of injury	(Specify city	_ Date of injury or town, county and St	, 19

24. Was disease or injury in any way related to occupation of deceased?

Registration Di

If nonresident give city or town and State

Washington County

Registrar.

Cora Starvant

Little Orleans.

Neb.

Cemet Date Oct

mation

If so, specify (Signed)

(Address) 1

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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9.—The industry or business in which the work was done.

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Example I	li li	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUREAU V.S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

	1 44	1
	very item of information should be carefully supplied. ACE chould be stated EXACTLY, PHYSI-IANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact tatement of OCCUPATION is very important. See instructions on back of contlinate.	
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THE THE PROPERTY OF THE PROPER	very item of information should be carefully supplied. ACE thould be stated EXACT IANS should state CAUSE OF DEATH in plain terms so that it may be properly class tatement of OCCUPATION is very important. See instructions on back of ourtificate.	
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1PLACE OF DEATH	STATE OF	1247 MARYLAND
County Washington Co.		TE OF DEATH n Dist. No. 30 Z
Village or City Hagerstown (No. 929 Lanval	le St. St. Zwa	rd) (If death occurred in a hospit I or institu- tion, give its NAME i stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE	OF DEATH
3 SEX Not 4 COLOR OR RACE 5 SINGLE. MARRIED. WIDOWED OR DIVORCED (Write the word)	OCt. (Month) 2	, 1932
Oct. 21 , 1932 (Month) (Day) (Year)	17 I HEREBY CERTIFY, That I and the control of the	Oct. 21, 132,
7 AGE O yrs. O mos. O ds. or min.?	and that death occurred on the date state. The CAUSE OF DEATH * was as follows: Premature 4 months	ed above, at 7 P m.
particular kind of work (b) General nature of industry business, or establishment in which employed or (employer) Parthplace (State or country)	Contributory NONE	
Washington Co. Md. 10 NAME OF FATHER Kearfoot Baker Ardinger 11 BIRTHPLACE	(Signed) / Carp / Coursion) Oct 24 1932 (Address) Hag	/
OF FATHER (State or country) Williamsport, Md. 12 MAIDEN NAME OF MOTHER OF MOTHER	*State the Disease Causing Deat Violent Causes, state (1) Means of Accidental, Suicidal or Homicidal.	THE RESERVE AND THE PERSON NAMED IN COLUMN 2 IN COLUMN
13 BIRTHPLACE OF MOTHER (State or country) North Bangor, N.Y.	ients or Recent Residents) At place of death .yrs	
(Informant) Kearfoot B. Ardinger	if not at place of death? Former or usual residence	
(Address) Hagerstown, Md.	Hagerstown, Id.	Oct.21 19 32
Filed 10-26 1932 Chart Bowers Registrar	20 UNDERTAKER	ADURESS

If more branks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

should be used only when needed. As examples: (a additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the fulness of various pursuits can be known. The quescupation is very important, so that the relative healthbusiness, that fact may be indicated thus; Furmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH gaged in domestic service for wages, as Servant, Cook to report specifically the occupations of persons enployed. as At school, or Al home. Care should be taken definite salary, may be entered as Housewife, Houseen at home, who are engaged in the duties of the er," etc., without more precise specification as Day worked on may form part of the second statement. Never return "Laborer." "Foreman," "Manager," "Deal-Spinner, nature of the business or industry, and therefore an eases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many Physicion, Compositor, Architect, Statement of Occupation Precise statement of oe whatever, write None. Housemaid, etc. If the occupation has been changed household only (not paid Housekeepers who receive a first line will be sufficient, e. g., Furmer or Planter, Foremon, (b) applies to each and every For many occupations a single word or term on or At Home, and children, yrs). Form laborer, Loborer-Coal mine, etc. Wom-(b) Cotton mill; (a) Salesman. For persons who have no occupation Automobile factory. The material person, irrespective of Locomolive not gainfully em-6 engineer, Grocery,

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria avoid use of "Croup"); Synhaid fever inever report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

stated unless important. Example: Measles disease use of "Tumor" for malignant neoplasms; Measles, inges, perilonoeum, etc., Carcinoma, Sarcomu, etc., of telanus) may be stated under the head of "contributory." accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely diseases resulting from childbirth or misearringe as "PUERPERAL septicuemia," "PUERPERAL portlantits," etc. can be ascertained as the cause. "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease atic), "Atrophy," "Collapse," "Coma," "Convulsions, "Debility" ("Congenital," "Senile," etc., "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia secondary), (secondar/ or intercurrent) affection need Chronic interstitial nephritis, unqualified, is indefinite); Tuberculosis of lungs, menapproved by Committee on (Recommendations on statement of cause of as fracture of skull, and consequences e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, and qualify as ACCIDENTAL, SUICIDAL or HONICIDAL, State cause for which surgical operation Whooping Examples: Accidental drowning; Struck by military train-American Medical Association. Never report mere symptoms or terminal condi-.. (name origin; "Caneer" is less definite; avoid FOR VIOLENT DEATHS STATE MEANS OF INJURY cough; Chronic ete. The contributory volvular heart Nomenclature Always qualify all was undernot be disease;

If this certificate is looked over thoroughly and all quistions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

N. B.

	-CERTIFICATE OF DEATH 11248
1. PLACE OF DEATH	(Pro)
County Wahrington	Registration Dist. No. 345
Village or City Clevelanblille hear	St., Ward If death occurred in a horpital or institution, give its NAME instead of street and number)
Length of rasidence in city or town where death occurred	
2. FULL NAME Douald albert R	Labington
(a) Residence: No. Clevel and Usual place of abode)	St., O Ward.
PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH / 9
Mal. 7.D. L OR DIVORCED (write the word)	000
5a. If married, widowed, or divorced	(Month) (Day) (Year)
HUSBAND of (or) WIFE of	22. Set 1 HEREBY CERTIFY. That I attended deceased from 1932 to Set 8 1932
6. DATE OF BIRTH (month, day, and year)	I last saw him alive on Oct & 19.32 death is said
7. AGE Years Months Dys If LESS than	to have occurred on the date stated above, at & Am.
0 3 7 1 day,hrs	ware as follows:
8. Trade, profession, or particular kind of work dona, as SPINNER,	Date of onset
SAWYER, BODKKEEPER, etc.	B
work was done, as SILK MILL, SAW MILL, BANK, etc	Vionelis- Exermonia
kind of work dona, as SPINNER, SAWYER, BODKKEEPER, etc. Journal of the second of the	
00. 1. 1.00.	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) Church and Constitution (State or country)	hore
W 13. NAME PORT Bali X-	
14. BIRTHPLACE (city or town) middlitours	Name of constitut
(State or country) Fred, Co. md.	Name of operation Date of What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME WATER TO THE TOTAL T	23. If death was due to external causes (VIOLENCE) fill in also the following:
15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) (State or country)	Accident, suicide, or homicide?
Q. I.	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT (Address) Domisiono Rate 2	Specify whather injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place I Med Littoria Date CCF 10 , 193 2	Nature of injury.
19 UNDERTAKER U- 1	24. Was disease or injury in any way related to occupation of deceased.
20. FILED 9ts 91 , 1932 William J. Bast Registrar.	(Signed) Boonsbow had M.D.

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Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

FOR

STATE OF MARYLAND—CERTIFICATE OF DEATH

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BUREAU V. S.			
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ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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RESERVED

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	BUREAU V.	5		
Other contributory causes	of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

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A.

	1. PLACE OF	F DEATH				23
	County	Washingto	AN OURESAL	E LIMITS AF	Registration Dist. No. 3	2
	Village or C	ity Hagerate	wn , wash	· Co. Ho	pital.	3 Ward
-	Length of resi	dence in city or town where	dooth assured 4	(If	death occurred in a hospital or institution, give its NAME instead of street at	nd number)
					as. How long in 0.5. If or foreign birth?yrs	_mosds.
		ME Eva Eli				
	(a) Residen	ce: No. Nes	r Funkat		St., Ward.	
	PERSON	AL AND STATIS			If nonresident give city or town a MEDICAL CERTIFICATE OF DEATH	
	SEX	4. COLOR OR RACE	1	RRIED, WIDOWED.	21. DATE OF DEATH	
	female	white		D (write the word)	Oct. 25.1932	. 193
5a	. If married, widow	ed, or divorced	1 300 2 2 3		(Month) (Day)	(Year)
	HUSBANO of (or) WIFE of	Harry	Bere		22. HEREBY CERTIFY, That wattend	
				173	October 20, 1934, to October	
6.		month, day, and year T	. 43, 132		Hast saw her alive on October 25, 193	L; death is said
	AGE 19 Year	B Months	2 bys	If LESS than 1 day,	to have occurred on the date stated above, at	
-	P Tends			ormin.	were as follows:	Oate of enset
NO	8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.			vork		
OCCUPATION	9. Undustry or t	business in which	EA 1. 12		detar Ineumania	uch, 18
CUF	SAW MILI	done, as SILK MILL, L, BANK, etc	at her	re		1.926
Ö	10. Date decease	ed last worked at ct - 2	11. Total t	ime (years) life		
-	year)		000	upation	Other Contributory Causes of importance;	
12	BIRTHPLACE (cit	,	. Md			
~	(State or coun	try)	ode =		Miscarriage of seven	Oct. 2
HEF	13. NAME	newne	ville Mo		months Phaeties.	1932
FATHER		(city or town)			Name of operation Date of	
-	(State or				What test confirmed diagnosis? Was there a	n autopsy?_22
HE	15. MAIDEN NAM				23. If death was due to external causes (VIOLENCE) fill in also the follow	ing:
MOTHER	16. BIRTHPLACE (State or	(city or town) Clear	epring l	ld.	Accident, suicide, or homicide? Oate of injury	, 19
					Where did injury occur? (Specify city or town, county and Sta	
17.	(Address)	rs. Susie F		ra	Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC	PLACE.
18.	BURIAL, CREMATI	Hagereter		27.32		
	Place St	Lagra-cew			Manner of Injury	
		lbert Leaf			Nature of injury.	VI
19.	(Address)	villiam per	t Md		24. Was disease or injury in any way related to occupation of deceased?	140
	11 3	6- 27 h	Faltos		(Signed) Raffell	M. D.
20.	FILEO /U-Z	9,1974.7	11/10	Registrar,	(Address) Hagerstown	med.
-						

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Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

Date not changed by me-D.

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-Exact statement of OCCUPA-MARGIN RESERVED FOR BINDING be properly classified. TION is very important. See instructions on back of certificate. CAUSE OF DEATH in plain terms, so that it may B.-WRITE PLAINLY, ż

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH
County Washen Co. Hospital Village or City Hagerstown Md	Registration Dist. No. 30 2
(). Length of residence In city or town where death occurredyrs,mos	f death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth? yrs mos ds.
2. FULL NAME Stillbirth - Bere	
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DYVORCED (write the word)	21. DATE OF DEATH "Stillbarn" (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBANO of (or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year) Oct. 25. 1932	I last saw h
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Stillbitth Months Days If LESS than 1 day,hrs. ormin.	to have occurred on the date stated above, atm. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular XXXXXX kind of work done, as SPINNER, SAWYER, BDDKKEEPER, etc.	Stellbarn st seven Oate of one et
9. Industry or business in which work was dona, as SILK MILL,	ta Lobar Trummania no
SAWYER, BDDKKEEPER, etc. 9. Industry or business in which work was done, as STINNER, SAWWER, BDDKKEEPER, etc. 10. Date deceased last worked at this occupation (month and year) year) 11. Total time (years) spent in this occupation	mother.
12. BIRTHPLACE (city or town) Wash-Co-Heepital (State or country)	Other Contributory Causes of importance:
13. NAME Herry Bere 14. BIRTHPLACE (city or town) Frederice Co Md (State or country)	Name of operation
	What test confirmed diagnosis? Was there an aulopsy?
15. MAIDEN NAME 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) Hagerstown Md	23. If death was due to external causes (VIDLENCE) fill in also the following: Accident, suicide, or homicide?
17. INFORMANT Bere (Address) Funkstewn Md R.F.D.	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, QR_REMOVAL	Manner of Injury
Placet Pauls Cem Date Oct 27 1932	Nature of injury
19. UNDERTAKER Albert Leaf (Addiess) Williamsport Md	24. Was disease or injury in any way related to occupation of deceased?
20. FILED 10-26-, 1932 6 Kast Bowest Registrar.	(Signed) Address) Hagerstown M.D.
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, unechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I Example 11 The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsu 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage Julu5.1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1.1923 Gastroenteritis 1 near

Date not Olia	4 . O d by me	
	D	

V. S. No. 1 N. B. of OCCUPA.

item of infor-

1. PLACE OF DEATH	11253
County Washington.	Registration Dist. No. 30 Z
Village or City Hagerstown.	No. 654 Pennsylvania Ave. St., Ward death occurred in a horpital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth? yrs. mos. ds.
2. FULL NAME Emma Jane Boward.	
A BY A	St., 5 Ward. If nonresident give city or lown and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX Female White 4. COLOR OR RACE OR DIVORCED (write the word) Widowed	21. DATE OF DEATH Oct 29 ,1932 (Month) (Oay) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Widow of John F. Boward. 6. OATE OF BIRTH (month, day, and year) Sept 25. 1859.	22. I HEREBY CERTIFY, That I attended deceased from Oct 24, 1932, to Oct 29, 1932. Ilast saw h. 21 alive on Oct 28, 1932; death is said
7. AGE Years Months Days If LESS than I day,hrs. ormin.	to have occurred on the date stated above, at 1/20 A. M. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNERHOME WORK. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	neghnitis Chi ?
12. BIRTHPLACE (city or town) Pondsville, (State or country) Md.	Other Contributory Causes of importance:
13. NAME John Schaffer. 14. BIRTHPLACE (city or town) Unknown	
14. BIRTHPLACE (city or town) Unknown (State or country) Maryland.	Name of operation Date of What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Susan Tracey. 16. BIRTHPLACE (city or town)	23. If death was due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town). Unknown (State or counity) Maryland.	Accident, suicide, or homicide? Date of Injury, 19
17. INFORMANT Mrs Edna Harris. (Address) Hagerstown, Md.	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL PlaceRose Hill Cemt. Date Oct 31,19 32	Manner of injury
19. UNDERTAKER Fred W. Kraiss. (Address) Hagerstown, Md.	24. Was disease or injury in any way related to occupation of deceased?
20. FILED 10-31-, 1932 6 Ks of Bower b Registrar.	(Signed) A & Porterfield M.D. (Address) 136 W washington ff.

STATE OF MADVI AND CEPTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arterioselerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL S	SPACE F	FOR FURTHER	STATEMENTS	BY	PHYSICIAN
ADDITIONAL	OI ZIOIZ I	OR FURTHER	DIATEMENTS	TAT	THISICIAN

B.

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(State or country

19. UNDERTAKER

STATE OF MARYLAND	-CERTIFICATE OF DEATH
1. PLACE OF DEATH	CERTIFICATE OF BEATH
Village or City Hager Strown	Registration Dist. No. 302 No. 120 M. III ulberry St. 4 Ward
Length of residence in city or town where defrationed 24 yrs.	(If death occurred in a hospital or institution, give its NAME instead of street and number) nos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.
2. FULL NAME Charles with ! //sam	Bower
(a) Residence: No. 120 M. Mulberry (Usual place of abode)	St., 4 Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (acrite the word) 5a. If married, widowed, or divorced	21. DATE OF DEATH (Month) (Day) (Year)
6. DATE OF BIRTH (month, day, and year)	1 HEREBY CERTIFY. That I attended deceased from 1992, to Oct 2 J 1932— Ilast saw h Nin alive on Oct 2 J 1992; death is said
7. AGE Years Months and Days If LESS than I day, hi	to have occurred on the date stated above, atm. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: Date of onset
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Dato deceased last worked at this excupation from the add.	apoplepy active
11. Total time (years) this occupation (month and 1432q edit spent in this year) 12. BIRTHPLACE (city or town) Y C Q LYS Y DW N	Other Contributory Causes of importance:
(State or country) md	- Chronis Mphutis Intifu
14. BIRTHPLACE (city or town) U. VIS S. FOUR	Name of operation Like Date of
(State of country)	What test confirmed diagnosis? Was there an aulopsy?
15. MAIDEN NAMES anilla C 1910 ary. 16. BIRTHPLACE (city or town) tay ly Stown (State or country)	23. If death was due to external causes (VIOL ENCE) fill in also the following: Accident, suicide, or homicide?

32

(Specify city or town, county and State)
Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury Nature of injury

24. Was disease or injury In eny way related to occupation of deceased? If so, specify

(Signed)

Registrar. If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

atement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of s pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the dehad retired from business, report the occupation prior to retirement. Children not gainfully employed may be as at school or at home. For a woman whose only occupation was that of home housework, write housewife wer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, re, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person and no occupation whatever write none.

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ohset		Date of onset
170		1 week ago
		1 week ago
,1927	Peritonitis	3 days ago
4		
	Other contributory causes of importance:	
,1923	Gastroentcritis	1 year
	4	Run over by street car Peritonitis Other contributory causes of importance:

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item of infor- s should state of OCCUPA.	1. PLACE OF DEATH County Wash: nator Village or City Hagers town	Registration Dist. No. 3.0 Altonian 1 West Std. Ave. St., death from Registration Dist. No. 3.0 Altonian 1 West Std. Ave. St., death from Registration Dist. No. 3.0	7 4 255 War
RECORD, Every in PHYSICIANS Sxact statement	2. FULL NAME TYS I da TT ay Bow (a) Residence: No. 211 YVEST SIDE Are (Usual place of abode)	in answ	d odw
ct PE	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	delica des
LING [ANENT RE ACTLY. ssifted. Exc	3. SEX 4. COLOR OR RACE Corporate the word) 5a. If married, wildowed, or divorced HUSBAND of (or) WIFE of Harry 13.	21. DATE OF DEATH 3 0 18 ml	(Year)
FUR BIN IS A PERM stated E.X. properly cla certificate.	6. DATE OF BIRTH (month, day, and year) Seso - 25 - 1879 7. AGE Years Months Days If LESS than 1 day, hrs. or min.	illast saw h. alive on the date stated above, at 4 P. m. Aba hat water AL CAUSE OF DEATH and related courses of importance were as follows:	; death is sa
INK—THIS should be t it may be on back of	8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 1. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation occupation	republic Hypertains relations of the printer of the	1925
TH UNFADING I y supplied. AGE ain terms, so that	12. BIRTHPLACE (city or town) - Hay Ly stown (State or country) 13. NAME David Hunsberger 14. BIRTHPLACE (city or town) - Uncaster (State or country) Pa	1. rq and other contributory Causes of Importance: 1. round 100 1. torders 7 Name of operation	ON3, 1932
PLAINLY, WITHOULD be carefull OF DEATH in place very important.	15. MAIDEN NAME Savah J. Ronger 16. BIRTHPLACE (city or town) H. agr. y. Stown (State or country) 17. INFORMANT Hayry B. Bow man (Address) Hayry Town, ITT	What test confirmed diagnosis? Was there an a 23. If death was due to external causes (VIOL ENCE) filt in also the following Accident, suicide, or homicide? Date of injury Where did miury occur? (Specify city or town, county and State Specify whather injury occurred in tNDOSTRY, in HOME, or in PUBLIC PL/	;; , 19
N. B.—WRITE mation s CAUSE TION is	19. UNDERTAKER A. S. COXX M US. (Address) 20. FILED. 1 - 19.3 Z. Black Boules. Registrar. If more blanks are needed, address State Registrar.	Nature of injury 24. Was disease or injury in any way retated to occupation of deceased? If so, specify (Signed Address) / 48 & God Haylands	CO

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Tadigat v.s.		S	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
		BURE FOR STREET	

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

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N. 8. 1. 9.

or Cambbell

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cercbral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance: Gallstones	May 1,1923	Other contributory causes of importance: Gastroenteritis	1 year

V. S. No. 1

. PLACE OF				73-6	
	11 4 7 7 4	espert	Md	Registration Dist. No. Q / 1	
			(MD. St., St., f death occurred in a hospital or institution, give its NAME instead of street and num	War
Length ot resi	dence in city or town where	death occurred	yrsmo	s. ds. How long in U.S. it of foreign birth?mos	d:
. FULL NAI	ME Charles	Busch			
(a) Residen	ce: No			St., Ward.	
PERSON	IAL AND STATIST				ite
male	4. COLOR OR RACE White	5. SINGLE, MA	RRIED, WIDOWED, ED (write the word)	21. DATE OF DEATH Oct. 28, 1932	93
If married, widow	ed, or divorced	1		(Month) (Day)	(Year)
(or) WIFE of	XXX	XXXXXX		22. I HEREBY CERTIFY, That I attended dece	eased from
ATE OF RIRTH	month day and year) OC	et. 17	3079		alle
		Days	It LESS than	to have occurred on the date stated above, at 11 A m.	eath is sai
60	xx	11		The PRINCIPAL CAUSE OF DEATH and related causes of importance	
8. Trade, protes	ssion, or particular vork done, as SPINNER. T	ew Tahe	nen	0	ate of onset
		Jay Tane	1.61	Mronid my arditis /	43
work was	done, as SILK MILL. U	en · We	rk		
this occup	pation (month and () ct.	7 32 Spe	time (years)		
year)	Martine	occ	upation	Dther Contributory Causes of importance:	
		,		-	
-	-				
		шяпу			
15. MAIDEN NAM	WE Catherin	e Hetze	1		psy?
16. BIRTHPLACE	127	٧a			., 19
				Where did injury occur?	
(Address)	MITTIBLED		đ	Specify whether injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE.	
				Manner of injury	
		d-DateO-G-D	30,1932	Nature of injury	
	Williame De	rt M	त	24. Was disease or injury in thy way related to occupation of deceased?	7.
			CA.	1 16 00 000016.	
(Address)	1,29,19.32	I M.	1	If so, specify (Signed) LLS. (2 ose)	
	County Village or C Length of resi Length of Residen PERSON SEX If married, widow HUSBAND of (or) WIFE of ATE OF BIRTH GE Yea 6 8. Trade, protes kind of tw SAWYER, 9. Industry of Work was SAW MIL 1D. Date decease This occupyear) Length of resident of SAWYER, 1D. Date decease SAW MIL 1D. Date decease SAW MIL 1D. Date decease (State or count 13. NAME 14. BIRTHPLACE (State or 15. MAIDEN NAM 16. BIRTHPLACE (State or INFORMANT 17 (Address) BURIAL, CREMAT Place 11 Length of resident Leng	County Washington Village or City William Length of residence in city or town where Length of residence in city or town or town where Length of residence in city or town or town was done, as SILK MILL, Grand widowed, or divorced HUSBAND of (or) WIFE of XXX ATTACLE OF BIRTH (month, day, and year) Length of residence in city or town or town was done, as SILK MILL, Grand widows was done, as SILK MILL, Grand with a survey and the compation of the city or town	County Williage or City Williams port Length of residence in city or town where death occurred. So the country of the country	Village or City Williamsport Md Length of residence in city or town where death occurred Legyrs, mo FULL NAME Charles Busch (a) Residence: No. (Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS EX (Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS OR DIVORCED (write the word) If married, widowed, or divorced HUSBAND of (or) WIFE of XXX XXXXXX OATE OF BIRTH (month, day, and year) Oct. 17, 1872 IGE Years Months Days It LESS than 1 day, hrs. or min. 8. Trade, protession, or particular Kind of twork done, as SPINNER, Day Laborer 9. Industry or business in which work was done, as SILK MILL, Gen. Work SAWYER, BOOKKEPER, etc. 10. Date deceased last worked at this occupation (month and Oct.1, 22 spent in this life year) SHTHPLACE (city or town). (State or country) 13. NAME Philip Bisch 14. BIRTHPLACE (city or town). Germany (State or country) 15. MAIDEN NAME Catherine Hetzel 16. BIRTHPLACE (city or town). W. Yas (State or country) INFORMANT Procession of the part Md Date Oct. 30, 1932 UNDERTAKER Albert Leaf	County We hington Village or city William port Md No. 35 Willage or city William port Md No. 35 William port Md No. 40 Month or port in Md No. 40 Month or port Md No. 40 Mont

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To be complete, an occupation return must state:

Example I

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example II

The principal cause of death and related causes Date of onset The principal cause of death and related causes Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy 1 week ago Chronic interstitial nephritis Run over by street car 1921 1 week ago Cerebral hemorrhage Peritonitis Julu5.1927 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1.1923 Gastroenteritis 1 year

ADDITIONAL	SPACE FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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(Approved by U. S. Census and American Public Health Association.)

should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the eupation is very important, so that the relative healthen at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealcases, especially in industrial employments, it is neces-Physician, Compositor, Architect, Locomotive engineer the first line will be sufficient, e. g., Farmer or Planter tion applies to each and every person, irrespective of whatever, write None. tired 6 yrs.). For persons who have no occupation business, that fact may be indicated thus: Farmer (restate occupation at beginning of illness. If retired from or given up on account of the disease causing beath Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook to report specifically the occupations of persons enployed, as At school or At home. Care should be taken definite salary), may be entered as Housewife, House household only (not paid Housekeepers who receive a laborer, Farm laborer, Laborer-(a) Foreman, (b) Automobile factory. The material Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery, Civil engineer, Stationary firemen, etc. But in many fulness of various pursuits can be known. The ques Statement of Occupation-Precise statement of oc-For many occupations a single word or term on or At Home, and children, not gainfully emwithout more precise specification as Day -Coal mine, etc. Wom-

Statement of Cause of Death—Name, first, the disease causing death (the primary affection with respect to time and eausation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avold use of "Croup"); Typhoid fever (never report "Typhoid pneumonia,")

ment of cause of death approved by Committee on head of "contributory." conditions, such as "Asthepia," "Anaemia" ary), 10 ds. Never report mere symptoms or terminal use of "Tumor" for malignant neoplasms); inges, peritonacum, etc., Carcinoma, Sarcoma, etc., of unqualified, is indefinite); Tuberculosis of lungs, men Nomenclature of the American Medical Association.) quences (e. g., sepsis, tetanus) may be stated under the and qualify as ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF diseases resulting from childbirth or misearriage as rhage," "Inanition." "Marasmus," "Old Age," "Shoek," symptomatic), "Atrophy," "Collapse," "Coma," "Concausing death), 29 ds.; Bronchopneumonia stated unless important. Chronic interstitial nephritis, etc. The contributory (name origin; "Cancer" is less definite; avoid Poisoned by carbolic acid-probably suicide. The natrain-accident; Revolver wound of head-homicide; Examples: Accidental drowning; Struck by railway as probably such, if impossible to determine definitely takeu. For VIOLENT DEATHS State MEANS OF INJURY State cause for which surgical operation was under "Puerperal sopticaemia." "Puerperal peritonitis," etc. can be ascertained as the cause. Always qualify all "Uraemia," "Weakness." etc., when a definite disease "Dropsy," "Exhaustion," "Heart vulsious," (secondary or intercurrent) affection need not be Whooping cough; Chronic valvular heart ture of the injury, as fracture of skull, and conse-"Debility" ("Congenital," "Scnile." etc.) (Recommendations on state-Example: Meusles failure." "Haemor-Meastes; discuse; (merely (second-(disease

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

FOR

S. No.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

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11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	3
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run aver by street car	1 week ago
Cerebra! hemorrhage	July 5,1927	Peritonitis	3 days ago
BUREAU V S			A) &
Other contributory causes of importance:		Other contributory causes of importance:	131 3
Gallstones .	May 1,1923	Gastroenteritis	1 year
			0 10

V. S. No. 1

OCCUPATION

MOTHER | FATHER

	44	15
STATE OF MARYLAND—	CERTIFICATE OF DEATH	8
1. PLACE OF DEATH	92-0	260
County Washington	Registration Dist. No.	2
Village or City Hart Carte Will	No. 9 W. autistan St.	2 Ward
1 C (If	death occurred in a hospital or institution, give its NAME instead of street and n	number)
Length of residence In city or town there death occurred yrsmos.	ds. How long in U.S. if of foreign birth?mo)sds.
2. FULL NAME Ohao. Codwin (part.	
(a) Residence: No. 9 W. Chutetan (Usualplace of abode)	St., Z Ward. If nonresident give city or town and	State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX A. COLOR OR RACE . 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH	
Male White The Transfer word)	(Month) (Day)	, 193 (Year)
5a. If married, widowed, or alvorced HUSBAND of	(month) (bay)	(Teat)
(a) WIFE of Saraw S. Carl	22. I HEREBY CERTIFY, That I attended of	deceased from
711-122 18/17	1 10 000, 12,	, 1902
6. DATE OF BIRTH (month, day, and year) 1007 22 100 7. AGE Years Months Days If LESS than	I last saw have alive on	death is said
1. AGE TOURS MONTHS Days IT LESS than 1 day,hrs.	to have occurred on the date stated above, atm. The PRINCIPAL CAUSE OF DEATH and related causes of importance	
S Trade refereire experience	were as follows:	Date of onset
8. Trade, profession, or particular kind of work done, as SPINNER, Returned SAWYER, BOOKKEPER, etc.	P. P. Coleman	112
9. Industry or business in which	ante Carin Delotion	Jany
work was done, as SILK MILL, SAW MILL, SAW MILL, BANK, etc.	mitral drivetting	5110
O. Date deceased last worked at this occupation (month and year)	00 7	+
year) - 32 occupation occupation	Other Contributory Causes of importance:	
12. BIRTHPLACE (city or town) Manover	Orlaro selarono	14n+
(State or country)		/
14. BIRTHPLACE (city or town) Tourtain date		
14. BIRTHPLACE (city or town) Tourtain dale	Name of operation Date of	
(State of Country)	What test confirmed diagnosis? None Was there an au	u'opsy?ko
15. MAIDEN NAME Com Sprankle	23. If death was due to external causes (VIOLENCE) fill in also the following:	
16. BIRTHPLACE (city or town) - Tourtain tall	Accident, suicide, or homicide? Date of injury	33. , 19
E (State or country)	Where did injury occur?	
17. INFORMANT Caraly 7, Cara	(Specify city or town, county and State Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLA	CE.
(Address) 9 W. artietaw M.		
18. BURIAL, CREMATION, OR MEMOVAL Place A GRAND COMMODATE 19.32	Manner of injury	
Place A ay and www Date 1932	Nature of injury	
19. UNDERTAKER Cusulty Hous	24. Was disease or injury in any way related to occupation of deceased?	0
(Address) A agentioning und	If so, specify	
20. FILED. 10-14- 1932 6 Kast Bowers	(Signed) W	M. D.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Registrar.

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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
NUV 7 1032			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenterilis	1 year

of OCCUPAplnods

PHYSICIANS Exact statement

EXACTLY.

stated

AGE

properly classified.

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CAUSE OF DEATH in plain terms, so that mation should be carefully supplied.

important.

TION is very

(Address)

20. FILED Och 22 3 1932 Cornelius A. Custte

Despeity

certificate.

See instructions on back of

N. B.-

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	11801
county Washington	Registration Dist. No. 307
10.1	
Village or City & Stothena Ville.	NoSt., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
h V	ds. How long in U.S. if of foreign birth? yrs mos ds.
2. FULL NAME John Bli Massey Care	te
(a) Residence. No.	St., Ward.
(Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH
male White OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Oay) (Year)
5a. If married, widowed, or divorced HUSBANO of (or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year) Supt 29th 1848	I last saw h 1200 alive on Och 18 1932; death is seld
7. AGE Years Months Days If LESS than	to heve occurred on the date stated above, at 10.01 m.
8 H _ 20 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance
8. Trade, profession or particular kind of work done, as SPINNER, Muschant SAWYER, BOOKKEEPER, etc	ate of solonset
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.	
10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spant in this occupation 2.412	
12. BIRTHPLACE (city of town) Brown bearing made	Other Contributory Causes of Importance:
13. NAME Co. W. Castle	Cwf B
(Stete or country) Browns ville Ind.	Name of operation Date of Was there an au'opsy?
15. MAIDEN NAME Imm 6. Blessing	23. If death was due to external causes (VIOL ENCE) fill in also the following:
16. BIRTHPLACE (city or town) of Alederich Mid,	Accident, suicide, or homicide? Date of injury, 19
17. INFORMANT A. MI Caste (Address) Brown and It and	(Specify city or town, county and State) Specify whether injury occurred In INDUSTRY, in HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place Browns Ville Indepare Oct 22, 1932	Manner of injury
19 UNDERTAKER 1 R. Cachles.	24. Was disease or injury in any way related to occupation of deceased?

Registrar.

If so, specify

(Signed)

(Address)

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BURDAU **			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

YSI-PERMANENT RECORD K WRITE PLAINLY, WITH UNFADING INK--THIS IS

MARGIN RESERVED FOR BINDI

V. S. No. 1

County	Mash action					OF MARYLA	
County	May ague					tion Dist. No.	_
Village or	City blear Starm Full NAME Palte	g (No.	bon	lett.	St: W	Vard) (If death a hospital tion, give stead of number.)	Its NAME
PER	SONAL AND STATISTICA	AL PARTICULA	RS	MEDIC	AL CERTIFICA	TE OF DEATH	
mal	MALITS	MARRIED, WIDOWED OR DIVORCED (Write the word)	2l E 18	DATE OF DEATH	Cof,	Stle (Day)	, 1903°
6 DATE OF	January (Month)	15, (Day)	1(Year) th	HEREBY 20	CERTIFY, That 1980 to 2	I attended the d	eceased f , 192
7 AGE			day hrs. Th	d that death occur			
particular	kind of work Dealer in	nhaygran	u, and				
business, which em	ral nature of industry or establishment in apployed or (employer)	nd		Contributory Secondary	(Duration)		mos
business, which em 9 BIRTHPL (State of State of	or establishment in apployed or (employer) ACE or country Manyla ME OF HER I SAAC BOT THPLACE TATHER ate or country) Manyl	nd bett:		Contributory Secondary	(Duration)	G Ferr	1108. J. N
business, which em 9 BIRTHPL (State of State of	or establishment in apployed or (employer) ACE or country Manyla ME OF HER SAAC BOY THPLACE TATHER	nd bett. Pand nFunt yland	(Si	Secondary gned HA	(Address) (Couration) (Address) (Courage Causing II ato (1) Means or Homicidal. SIDENCE (For It sidents) 1008ds.	Park Perr Death or, in de of Injury and (2)	aths from 2) Whether tions, Tr

STATE OF MARYLAND

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from en," etc., without more precise specification as Lay laborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the tired 6 yrs). business, that fact may be indicated thus; Farmer (regaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed work, or At Home, and children, not gainfully employed as At school, or At home. Care should be taken definite salary), may be entered as Housewife, House Spinner, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necestion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever. write None. or given up on account of the DISEASE CAUSING DEATH household only (not paid Housekeepers who receive a Never return "Laborer," "Foreman," "Manager." "Dealworked on may form part of the second statement Civil engineer, Physician, Compositor, Architect, report specifically the occupations of persons en-Foreman, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on (b) ('otton mill; (a) Salesman. (b) Grocery; man, (b) Automobile fuetory. The material For persons who have no occupation Stationary fireman, etc. But in many Locomolive engineer,

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totanus) may be stated under the head of "eoutributory." as fracture of skull, and consequences (e.g., sepsis, approved (Recommendations on statement of cause of carbolic acid-probably smicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by diseases resulting from childbirth or misearriage as "PUERPERAL septicaemia," "PUERPERAL perilonilis," etc. or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL OF HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJULY State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., whon a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Ethaustion," "Heart failurc," "Haemorrhage," "Shoek," "Shoek," atic), "Atrophy," "Collapse," "Coma," "Convulsions, 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomstated unless important. Example: Measles (disease (secondary use of "Tumor" for malignant neoplasms); unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) Examples: Accidental drowning; Struck by railway train-Whooping cough; perilonaeum, etc., Carcinoma, Sarcoma, etc., oi death), 29 ds.; Bronchopneumonia (secondary), interstitial nephritis, (name origin; "Cancer" is less definite; avoid by Committee on Nomenclature or intercurrent) ('horonic ete. valvular heart discase; affection The contributory need not be Measles;

If this certificate is looked over thoroughly and al qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

AGE should be

stated EXACTLY. PHYSICIANS should state properly classified. Exact statement of OCCUPA-

TION is very important. See instructions on back of certificate.

CAUSE OF DEATH in plain terms, so that it may be

mation should be carefully supplied.

	CERTIFICATE OF DEATH 11263
1. PLACE OF DEATH	(93-0)
County / County	Registration Dist. No. 3
Village or City Sharper Rosery	No. St., Ward
TO L (If	death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrsmos.	ds. How long In U.S. if of foreign birth?yrs,mosds.
2. FULL NAME ANTAL TOUR	The granter
(a) Residence: No(Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OB_RACE S. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
OR DIVORCED (write the word)	21. DATE OF DEATH 10 25
mary pulter 12 15	(Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY. That I attended deceased from
	191, to 15 4, 19 2
6. DATE OF BIRTH (month, day, and year) har 45 = 840	I last saw h elive on 2 2 4 , 10 2 ; death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated ebove, at
92 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH end related causes of importance
8. Trade, profession, or particular	were as follows:
kind of work done, as SPINNER, SAWYER, BODKKEEPER, etc.	PD y huster to
9. Industry or business in which	The same
work was done, as SILK MILL, SAW MILL, BANK, etc.	Slaulyg
10. Date deceased last worked et	
this occupation (month and spant in this occupation ————————————————————————————————————	
year) occupenon	Dther Contributory Causes of Importance:
12. BIRTHPLACE (city or town)	germund Mumoure 10-24
(State or country) Rough & Mac	
13. NAME DOWNER CONTINUES	
De Propinsi	
(State or country)	Name of operation
	What test confirmed diagnosis? Was there an au'opsy?
15. MAIDEN NAME	23. If death was due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of injury, 19
≤ (State or country)	Where distinjury occur?
Three Malele maste	(Specify city or town, county and State)
17. INFDRMANT (Address)	Specify whether injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, DR REMOVAL	
	Manner of injury
Place Date Date 19 2	Nature of injury
19. UNDERTAKER	24. Wes disease or injury in eny way related to occupation of deceesed?
(Addiess) J. K. MAROY Ja BA	If so, specify A A
10/26 3 6181 83 20	(Signed) Nally Att. Shealed M. D.
20 FILED / LP 10 AL- II PLAY LLOY PL	(18 100)

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1

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11.—The number of years the deceased followed the occupation.

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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

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	Example II	
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
July 5,1927	Peritonitis	3 days ago
	Other contributory causes of importance:	
May 1,1923	Gastroenteritis	1 year
	1915 1921 July 5,1927	Date of onset The principal cause of death and related causes of importance were as follows: 1915 Attack of epilepsy 1921 Run over by street car July 5,1927 Peritonitis Other contributory causes of importance:

STATE OF MARYLAND-CERTIFICATE OF DEATH state OCCUPA 1. PLACE OF DEATH of plnods Washington Registration Dist. No. County Village or City Near Hagerstown (If death occurred in a hospital or institution, give its NAME instead of street and number) Every O Length of residence in city or town where death occurred 50 yrs mos, ds. How long in U.S. if of foreign birth? yrs. mos, ds. PHYSICIAN Martha Jane Dieterich 2. FULL NAME Sharpsburg Pike RECORD. If nonresident give city or town and State PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3. SEX 5. SINGLE, MARRIED, WIDOWED, A COLOR OR RACE 21. DATE OF DEATH OR DIVORCED (write the word) October Female White Widowed classified. 5a. If married, widowed, or divorced HUSBANO of That I attended deceased from Samuel Dieterich (or) WIFE of 6. DATE OF BIRTH (month, day, end year) March 2. 1867 M certificate. properly to have occurred on the date stated above, at 6:00 Pm 7. AGE Years Months Oavs If LESS than stated 65 22 1 day.____hrs. The PRINCIPAL CAUSE OF DEATH and related causes of importance or min. were as follows Oate of onset 8. Trade, profession, or particular HIS OCCUPATION kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc..... Home Work back 9. Industry or business in which work was done, as SILK MILL, may SAW MILL, BANK, etc 10. Date deceased last worked at on 11. Total time (years) this occupation (month and spent in this AGE that instructions UNFADING 12. BIRTHPLACE (city or town) Fairview (State or country) plain terms. FATHER Vandreau Adam 13. NAME Unknown Name of operation... 14. BIRTHPLACE (city or town) (State or country) What test confirmed diagnosis? Clanucal carefully MOTHER 15. MAIOEN NAME 23. If death was due to external causes (VIOLENCE) fill in elso the following: important Accident, suicide, or homicide?______ Oate of Injury_____ 19 DEATH 16. BIRTHPLACE (city or town) (State or country) Where did injury occur?_. (Specify city or town, county and State) Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE Adam Dieterich should Hagerstown. (Address) OF 18. BURIAL, CREMATION, OR REMOVAL Manner of injury WRITE CAUSE Place Hagerstown, Md Date October 279 32 mation TION Nature of injury Fred W. Kraiss 24. Was disease or injury In any way related to occupation of deceased? 19. UNOFRTAKER (Address) Haserstown . Md If so, specify (Signed) Registrar. (Address) 000 unanum)

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

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	of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
July 5,1927	Peritonitis	3 days ago
May 1,1923	Other contributory causes of importance: Gastroenteritis	1 year
	1921 July 5,1927	1921 Run over by street car July 5,1927 Peritonitis Other contributory causes of importance:

FOR

RESERVED

MARGIN

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July5,1927	Peritonitis	3 days ago
		GEORIVED	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
TADDITION	DI TIULI	Y. OYE	T. O LETTITION	OUT TAX T WALLET TO A T PO	101	T YE T MANUALIZATIA

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1928	Gastroenteritis	1 year

-WRITE PLAINLY,

N. B.

Exact statement of OCCUPA-

properly classified.

be

See instructions on back of certificate.

CAUSE OF DEATH in plain terms, so that it may TION is very important. See instructions on back

STATE OF MARYLAND-CERTIFICATE OF DEATH

1. PLACE OF DEATH		(131)
County Washington	•	Registration Dist. Np. 302
Village or City Hagerstow	N.	ND. 127 High St., Sward of line and number)
Length of residence in city or town where death o	ccurred 18 yrs mo	ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Virginia	M. Emmons.	
(a) Residence: No. 127 High	Street (Usual place of abode)	St., S Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL	PARTICULARS	MEDICAL CERTIFICATE OF DEATH
	NGLE, MARRIED, WIDOWED, R DIVORCED (write the word) Widowed.	21. DATE OF DEATH Oct 21 1932 (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of		
(or) WIFE of Frank T. Emm	ons	1 HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year)	J 1880	I last saw have alive on out 20 5/20-5, 1932; death is said
7. AGE Years Months 52	Days If LESS than 1 day,hrs.	to have occurred on the date stated above, at
J	ormin.	the a tellows or pean and leigted causes of illiportance
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Hom	e work.	Date of onset Och 19
9. Industry or business in which work was done, as SILK MILL,		
10. Date deceased last worked at this occupation (month and year)	11. Total time (years) spant in this occupation	
1z. BIRTHPLACE (city or town). Unknow (State or country) Virgini	n • 6	Other Contributory Causes of importance: Le france Varenchy nestores Metalulis Melis & drysler-
13. NAME Unknown	Þ O	Lessasson runces exper-
TT- 7-	# # # # # # # # # # # # # # # # # # #	Long
(State or country) Unkno		Name or operation
15. MAIDEN NAME Unkno		What test confirmed diagnosis?
16. BIRTHPLACE (city or town) Unkno	wn EAoA	23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide? Where did injury accounts
17. INFORMANT Elmer Emmons	DEED CO	Where did injury occur? (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL		Manner of injury
Place Alexandria, Va. Date	Oct. 24,,19.32	Nature of injury
19. UNDERTAKER Fred W. Krai (Addiess) Hagerstown,	iss.	24. Was disease or injury in any way related to occupation of deceased?
20. FILED 10-23, 1932 Cha	Registrar.	(Signed) Jayun, Wuty M. D. (Address) Jayunkaun

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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11.—The number of years the deceased followed the occupation.

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Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street ear	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BURDAG			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

S. No.

state

1. PLACE OF DEATH

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Registrar.

(Signed)

STATE OF MARYLAND—CERTIFICATE OF DEATH

Oate of onset

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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUREAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPAitem of infor-B.-WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every MARGIN RESERVED FOR BINDING

V. S. No. 1

	STATE OF MARYLAND—	CERTIFICATE OF DEATH
	1. PLACE OF DEATH	93-50
	County Washington	Registration Dist. No. // 306
	Village or City Surfelisting	No. St., Ward
1	Length of residence in city of town where death occurred 2 yrsmos.	death occurred in a horpital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?
/	1 and FI 11. 7	Farest
1	Z. I OLL IVAIVA	
	(a) Residence: No. / (Usual place of abode)	St., Ward. If nonresident give city or town and State
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
	3. SEX A. COLOR OR RACE Mall 4. COLOR OR RACE OR DIVORCED (varie tha word) Mall Midouer	21. DATE OF DEATH (Month) (Day) 193 2 (Your)
	5a. If marriad, widowed, or divorced HUSBANO of Chartotte & Forresh	22. HEREBY CERTIFY. That I attended deceased from Oct 13, 1932, to Oct 14, 1932
e e	6. DATE OF BIRTH (month, day, and year)	Hast saw have alive on Oct 14 , 1932; death is said
certificat	7. AGE Years Months Oays If LESS than 1 day, hrs. or nin.	to have occurred on the date stated above, at The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: Date of onset
of	8. Trade, profession, or particular kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc.	Chronse myocasolitis aufum
back	9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.	
	11. Total time (years) this occupation (month and spant in this	
instructions on	12 RIPTHPLACE (city or town) Sarfield. Fred les Med	Other Contributory Causes of importance:
ruct	(State or country)	Mulenauva
nstı	13. NAME Wesley. Florrest	
See i	14. BIRTHPLACE (city or town I tear Middle Town	Name of operation Oate of
Š	(State or country) Isld. les. Md	What test confirmed diagnosis? Was there an autopsy?
nt.	15. MAIDEN NAME Margaret. le acheron.	23. If death was due to external causes (VIOL ENCE) fill in also the following:
orta	[16. BIRTHPLACE (city or town) That I waster aware	Accident, suicide, or homicide?
y important.	17. INFORMANT Scharlies Farest (Address) Smithsburg mid	Where did injury occur? (Specify city or town, county and State) Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.
very	(Address) durithbury mid	Manner of injury
S	Place Isable Town Centy. Oate Oct 16 de 19 32	Nature of injury
TION	19. UNOERTAKER 40. B. Stooms (Address) Smithburg und	24. Was disease or injury in any way related to occupation of deceased?
	20. FILEO De \$15. 1932 Teof W. Jeguson.	(Signed) MD Me Janes M. D. (Addrass) Distillation of Media
	If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
MURTAU V.S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

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PA-	STATE OF MARYLAND—	CERTIFICATE OF DEATH 11270
CC	787	Registration Dist. No. 302
000	, , , , , , , , , , , , , , , , , , , ,	
0 /	Village of City magazing VIII. Made	No. Mennonite old peoples stome. Ward death occurred in a horpital or institution, give its NAME instead of street and number)
ent		ds. How long in U.S. if of foreign birth?yrsmosds.
statement	2. FULL NAME Rezekiah Garvin.	
sta	(a) Residence: No. Salem Ave. (Usual place of abode)	St., Ward. If nonresident give city or town and State
Exact	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Ex	3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH
-	Male White Widowed.	Oct 15 , 19332 . (Year)
classified.	5a. If married, widowed, or divorced HUSBANO of (or) WIFE of	22. I HEREBY CERTIFY, That J attended deceased from
lass	June O. woon	reft 35 , 1974, 10 Fet 15 , 1974
	6. DATE OF BIRTH (month, day, and year) //-5-/850	I last saw here alive on Oct 4 19 ; death Is said
properly	7. AGE Years Months Oays If LESS than 1 day,hrs.	to have occurred on the date stated above, atm. The PRINCIPAL CAUSE OF OEATH and related causes of importance
properly certificate.	82 10 or min.	were as follows: Oate of onset
pe of	6. Hade, profession, of particular lands wind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc Labor	10 militar
may	9. Industry or business in which	
	work was done, as SILK MILL, SAW MILL, BANK, etc	
77 0	this occupation (month and 55 spant in this occupation spant in this	
erms, so that instructions	12. BIRTHPLACE (city or town)	Other Contributory Causes of importance
s, s	(State or country) Franklyn County, Penn	· Char My reads
inst	Hezekiah Garvin.	
See See	14. BIRTHPLACE (city or town)	Name of operation Date of
	(State or country) Franklyn County, Penn 5. MAIOEN NAME Rebecca Beaver.	What test confirmed diagnosis? Was there an au'opsy?
EATH in p important.	I Total Control of the Control of th	23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide?
TH	16. BIRTHPLACE (city or town) (State or country) Franklyn County, Penn.	Where did injury occur?, 19
DEATH y impor	17.INFORMANT William Garvin.	(Specify city or town, county and State) Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.
OF D	(Address) Hagerstown. Md.	
	18. BURIAL, CREMATION, OR REMOVAL Place Rose Hill Cemet Oate Oct 18 19 32	Manner of injury
CAUSE TION is		Nature of injury
CA	19. UNOERTAKER Fred W. Kraiss. (Address) Hagerstown./Md.	24. Was disease or injury in any way related to occupation of deceased?
(10-17- 3) - lake 1 HB - 101 h	If so, specify (Signed) M. O.
	20. FILEO 1920 1900 100 Registrar.	(Address) — Zenton maj
	If more blanks are needed address State Registrar	Dave N. Charles Street Relimore Description 71 S. No

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
BUREAU V.S				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

MARGIN RESERVED FOR BINDING

V. S. No. 1

1	STATE OF MARYLAND—	CERTIFICATE OF DEATH
1.	PLACE OF DEATH .	307
	County County	Registration Dist. No.
	Village or City Hayansurus	ND. 3 15 15 17 10 Ward St., 3 Ward death occurred in a hospital or institution, give its NAME interest and number)
		ds. How long in U.S. if of foreign birth?yrsmosds
2.	. FULL NAME Mary Lawr Gra	ms_
	(a) Residence: No.	St., Ward.
-	(Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH
3. S	EX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDDWEN	21. DATE OF DEATH
7	hundle White Durg Id	/D -28 ,198.2 (Year)
D8. I	If married, widowed, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased from
6. D	DATE OF BIRTH (month, day, and year) 10 = 23 = 32	I last saw have alimeter 10 - 27 ,19.77; death is sai
7. A		to have occurred on the date stated above, at
NO	8. Trade, profession, or particular kind of work done, as SPINNER,	Data of onse
	SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL,	pletter
OCCUPAT	D. Dato deceased last worked at this occupation (month and spant in this	
_ }	year) occupation	Other Contributory Causes of importance:
12.	BIRTHPLACE (city or town) Yaya 18 18 18 18 18 18 18 18 18 18 18 18 18	
HER	13. NAME DESIGNATION OF THE PARTY AND	
FATH	14. BIRTHPLACE (city or town) Burklettonelle	Name of operation Date of
	(State or country) Wash Co Mel	What test confirmed diagnosis? Was there en au'opsy?
OTHER	15. MAIDEN NAME LAGNER Ruth Williams	23. If death was due to external causes (VIOLENCE) fill in also the following:
MOT	16. BIRTHPLACE (city or town) fag and well	Accident, suicide, or homicide?, 19, 19, 19, 19
- 1	(State or country)	Where dis injury occur? (Specify city or town, county and State)
17.	(Address)	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE,
18.	Place Drust Vallay Date 10 = 74,1932	Manner of Injury
19.	UNDERTAKER C & Survey & Co (Addiess) Fauchtsville Thou	24. Was disease or injury In any way related to occupation of deceased?
20.	FILED 10-24-, 1932 Bhost Home Registrar,	(Signed) M. (Address) M.
-	The second secon	2412 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Chronic interstitial nephritis	1921	Run over by street car	1 week ogo
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BURFAU V.S			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

BINDIN

RESERVED

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Example I	Í	Example II	
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hronic interstitial nephritis	1921	Run over by street car	1 week age
erebral hemorrhage	July 5,1927	Perilmitis	3 days ago
ther contributory causes of importance:		Other contributory causes of importance:	
allstones	May 1,1923	Gastroenteritis	1 year

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	186-0
County Washington	Registration Dist. No. 502
Village or City 26 a gritatown	No. 427 Million St., 4 Ward death occurred in a hyspital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurred 28 yrs. 10 mos.	death occurred in a Mapital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?yrs,mosds.
2 FILL NAME HOOTH'S MALL &	adley
(a) Residence: No. 427 N. Mulberry	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) St. If married, widowed, or divorced	21. DATE OF DEATH (Month) (Day) (Year)
HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, Thet Lattended deceased from
6. DATE OF BIRTH (month, day, and year) Lec 7"1903	I last saw h. Ry alive on 1914, 1932; death is seid
7. AGE Years Months Days If LESS than I day,hrs. ormin.	to have occurred on the date stated ebove, at the first m. The PRINCIPAL CAUSE OF DEATH and related causes of importance were estellows: Date of onset
8. Trade, profession, or particular kind of work dome, as SPINNER, SAWYER, BOOKKEEPER, etc.	Constructed & Smorthally
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, es SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and	
11. Total time (years) this occupation (month and year)	
12. BIRTHPLACE (city or town) Hagere tour	Chic Contributory Causes of Importance:
(State or country)	Hayon a xlangerey
13. NAME Chase So Madley 14. BIRTHPLACE (city or town) Cumberland	Norway Miga.
14. BIRTHPLACE (city or town) Culture (State or country)	Name of operation Date of
2 11 -41 7. 17	What test confirmed diagnosis? Was there an auropsy?
16. BIRTHPLACE (city or town) J. Lunaultoah	23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide?
State or country)	Where did injury occur?
17. INFORMANT 6. J. / a ally g. (Address) 427 H. Mulhery St.	(Specify city or town, county and State) Specify whether injury occurred In INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury Fill driven of carriers
Place May Ero Cour Date 7/7, 1932	Nature of injury Workson & Homefel
19. UNDERTAKER CHILDULET Toous, (Address) Sagaretown md.	24. Was disease or injury in any way related to occupation of deceased?
20. FILED 10-16, 1932 6 hart Bowers Registrar.	(Signed) (Ardress) (Ardress)
If more blanks are needed, address State Registrar,	MALL N. Charles Street, Baltimore, Requesting T. S. No. 1

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonîtis	3 days ago
PHOPAU W.S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis 1	1 year

mation should be carefully supplied. AGE should be stated ENACTLY. PHYSICIANS should state Exact statement of OCCUPA. WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-MARGIN RESERVED FOR BINDING properly classified. certificate. TION is very important. See instructions on back of CAUSE OF DEATH in plain terms, so that it may N. B.-WRITE PLAINLY,

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH	274
County Washardon	Registration Dist. Np. 3	06
Village or City Near Smakebury led	ND. St., death occurred in a hospital or institution, give its NAME instead of street and s	Ward
Length of residence in city or town where death occurredyrs,mos.	ds. How long in U.S. if of foreign birth?yrsm	osds.
2. FULL NAME Raunette Larutahur		
(a) Residence: No. Near Smill Musig U. 4 (Usual place of abode)	St., Ward.	0
PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and MEDICAL CERTIFICATE OF DEATH	State
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH	
Female while OR DIVORCED (write the word)	(Month) (Day)	, 193 2 (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. Oct HEREBY CERTIFY, That I attended	deceased from
6. DATE OF BIRTH (month, day, and year) Qt. 17 1932	Hast saw hat alive on Bel 20% 1932	: death is said
7. AGE Years Months Days II LESS than 1 day,hrs.	to have occurred on the data stated above, at /2.12.2:_m. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	10-1
8. Trade, profession, or particular kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc.	acute Indication	Date of onset
Kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc. 9 Industry or business In which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Date deceased last worked at this occupation (month and		
O 10. Date deceased last worked at this occupation (month and year)		
12. BIRTHPLACE (city or town) Mean om Assburg (State or country)	Other Contributory Causes of Importance;	9,
	Time of the state	
13. NAME Goorge la Hafritalia (State or country) (State or country)	Name of operation	
	What test confirmed diagnosis? Was there an a	
15. MAIDEN NAME Clarrie Self Ott 16. BIRTHPLACE (city or town) Plan Suntasturg (State or country)	23. If death was due to axternal causes (VIOL ENCE) fill in also the following Accident, suicide, or homicide?	
17. INFORMANT Glorge le Halu (Address)	(Specify city or town, county and State Specify whather injury occurred in INDUSTRY, in HDME, or in PUBLIC PL/	e) ACE.
18. BURIAL, CREMATION, OR REMOVAL Place Settle Date 2, 1932	Manner of injury	
19. UNDERTAKER Glorge Se. Hahr (Addiess) Swithship MA	24. Was disease or Injury in any way related to occupation of deceased?	
20, FILED. Oct 21, 1932 Gest Jaguar	(Signed)	M. D.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Registrar.

ocal

(Address)

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Cerebral hemorrhage	1 6600 7. 1932	July 5,1927	Peritonitis	3 days ago	
Other contributory cau	uses of importance:		Other contributory causes of importance:		
Gallstones		May 1,1923	Gastroenteritis	1 year	

ADDITIONAL SPA	CE FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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N. B.-WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-AGE should be stated EXACTLY. PHYSICIANS should state Exact statement of OCCUPA. CAUSE OF DEATH in plain terms, so that it may be properly classified. MARGIN RESERVED FOR BINDING See instructions on back of certificate. mation should be carefully supplied. TION is very important.

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH,	11275
County Mashington	Registration Dist. No.
Village or City Sharfu burg mol	NoSt.,Ward
	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How lgng in U.S. if of foreign birth?
2. FULL NAME Normalay F Ham	mansla
(a) Residence; No.	St Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Fear)
5a. If married, widowed, or divorced HUSBAND of	
(or) WIFE of	22. THEREBY CERTIFY That I attended deceased from
6. DATE OF BIRTH (month, day, and year) Oct 18 = 1932	I last saw h alive on, [9; death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at
3 August I day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER,	The Contract of the Contract o
SAWYER, BOOKKEEPER, etc	The state of the state of the
work was done, as SILK MILL, SAW MILL, BANK, etc.	Total January Constitution of the Constitution
10. Date deceased last worked at this occupation (month and year)	
12. BIRTHPLACE (city or town) Sharbuburg	Other Contributory Causes of importance:
(State or country) Washing his	ong antas Syphilis-
13. NAME Paul Hampierrela	N. M.
2 14. BIRTHPLACE (city or town) The formation	Name of operation Date of
(State or country) 14 fathers (o modern	What test confirmed diagnosis? Was there an aulopsy?
16. BIRTHPLACE (city or town) Rolling ville	23. If death was due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town) (State or squniry)	Accident, suicide, or homicide? Date of injury, 19
Paul Warena da	Where disinjury occur?(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
17. INFORMANT (Address) Shankalowy Theol	open, meneral mary occurred in modern, in nome, or in object years.
18. BURIAL, CRAMATION, OR REMOVAL	Manner of Injury
Place Mario Crimbate 10= 33, 1932	Nature of injury
19. UNDERTAKER CL Survey 4 Co	24. Was disease or injury in any way related to occupation of deceased?
(Address) Turdeffville md	If so, specify of the sold and
20. FILED /26 , 1932 Teg Done	(Signed) M. D.
Registrar.	(Address)

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BUREAU V.S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

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			F MAR	YLAND-	CERTIFICATE	OF DEA	TH 4	433
1	. PLACE OF DE				129			1610
	County Was					Registration	Dist. No.	302
	Village or City				f death occurred in a hospital or in:		E instead of street a	
	Length of residence in				ds. How long in U.S.	if of foreign birth?	yrs	_mosd
2	. FULL NAME	Ŀ	ydia Be	11. Hammo	nd.			
	(a) Residence: No.	4 Roes	SSNer (Usual place	Ave. of abode)	St., Ward.	If nonresident	give city of town	and State
	PERSONAL A	ND STATISTI	CAL PARTI	CULARS	MEDICAL	CERTIFICATE	OF DEATH	i
	Female	White	5. SINGLE, MAR OR STORGE	RIED, WIDOWED, Write the word)	21. DATE OF DEATI	Oct (Month)	4 (Day)	, 193 2 (Year)
58.	If married, widowed, or d HUSBANO of (or) WIFE of	Ivorced		100	22. Oct 4 HERE	BY CERTIF	That I attend	ded deceased fro
6. I	DATE OF BIRTH (month,	day, and year)	0-4.	-1902	I last saw h alive on.	0 P 4	193	death is sai
7. /	AGE Years	Months	Days	If LESS than I day,hrs.	to have occurred on the date s The PRINCIPAL CAUSE OF D were as follows:			(5
Z	8. Trade, profession, or kind of work don	particular						Date of onse
음	SAWYER, BOOKK	EEPER, etc			youra	lung		
UPA	9 Industry or business work was done, a SAW MILL, BANI	SSILK MILL.			(6mos)			
OCCUPATION	10. Date deceased last very this occupation (region)	worked at month and	spe	ime (years) nt in this upation	- felies)			**************************************
12.	BIRTHPLACE (city or tow (State or country)	n) Hage	rstown.		Other Contributory Causes of i	mportance:		
20	13. NAME H	owell Far	mond.					
FATHER	14. BIRTHPLACE (city or (State or country	town) Shar	rpsburg Md		Name of operation			
HER	15. MAIDEN NAME	Mary Sh	nupp.		23. If death was due to external			
MOTH	16. BIRTHPLACE (city or (State or country	town) Wash		County.	Accident, suicide, or homicide: Where did injury occur?	V	Date of injury	, 19
17.		well Hamm			Specify whether injury occurre	(Specify city or od in INDUSTRY, in HO	town, county and i	State) PLACE.
18.	BURIAL, CREMATION, OF Place Bakers		Oate Oct	5 19 32	Manner of injury			
19.		red W.Kra		,	24. Was disease or injury in an	y way related to occup	ation of deceased?	£.
20.	FILEO 10-4	1932/0	Kostto	Towers	(Signed)	Mey	j)M.

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUREAU W.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
The state of the s			

STATE OF MARYLAND—CERTIFICATE OF DEATH

RESERVED

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	Example I	100	Example II		
The principal cause of importance were		Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	RECEIVED	1915	Attack of epilepsy	1 week ago	
Chronic interstitial neg	ohritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	NOV 9 1992	July 5,1927	Peritonitis	3 days ago	
	BUREAU V.S.				
Other contributory	causes of importance:		Other contributory causes of importance:		
Gollstones		May 1,1923	Gastroenteritis	1 year	

OCCUPA 1. PLACE OF DEATH of pluods Registration Dist. No. of (If death occurred in a hospital or institution, give its NAME intead of street and number) S Length of residence in city frown where death occurred How long in U. S, if of foreign birth?. statement PHYSICIAN 2. FULL NAME RECORD. (a) Residence: No. Usual place of abode) If nonresident give city or town and State PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3. SEX 5. SINGLE, MARRIED, WIDOWED, 21. DATE OF OR DIVORCED (write the word) CTL (Month) classified. 5a. If married, widowed, or divorced HUSBAND of 田 6. DATE OF BIRTH (month, day, and year) certificate. 7. AGE Months Days If LESS than to have occurred on the date stated above, at proper stated 1 day, ____ hrs The PRINCIPAL CAUSE OF DEATH and related causes of importance ___ min, were as follows: 8. Trade, profession, or particular HIS OCCUPATION kind of work done, as SPINNER, RESERVED SAWYER, BOOKKEEPER, etc ... back 9. Industry or business in which may Should work was done, as SILK MILL, SAW MILL, BANK, etc 10, Date deceased last worked at on 11, Total tima (years) this occupation (month and spant in this that instructions Other Contributory Causes of importance: 12. BIRTHPLACE (city or town) (State or country) plain terms, FATHER 13, NAME 14. BORTHPEACE (city or town) Nama of operation. (State or country) carefully What test confirmed diagnosis?. OTHER important. 15. MAIDEN NAME 23. If death was due to external causes (VIOLENCE) fill In also the following DEATH 16. BIRTHPLACE (city or town) (State or country) Where did injury occur?_____ should be (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. OF (Address) 18. BURIAL, CREMATION, OR REMDV Manner of injury 丘 mation CAUS Nature of injury NOIL 24. Was disease or injury related to occupation of deceased? 19. UNDERTAKER (Address) If so, specify (Signed)

STATE OF MARYLAND—CERTIFICATE OF DEATH

Registrar. (Address) If more blanks are needed, address State Registrar, 2411 N. Charles Street, Balsimore, Requesting U. S. No. 1

(Day)

(Year)

death is sald

Date of onset

That I pattended deceased from

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
A CONTRACTOR OF THE CONTRACTOR				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

ADDITIONAL.	SPACE	FOR	RURTHER	STATEMENTS	RY	PHYSICIAN
ADDITIONAL	STAUL	LOW	LOKIMEN	SIMINIMIA	L) L	T II I DICIMI

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Dr Por Yerkield

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Cerebral hemorrhage	July 5,1927	Peritonitis'	3 days ago
BUREAU V. S			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1 N. B.—

STATE OF MARYLAND-	-CERTIFICATE OF DEATH 11280
1. PLACE OF DEATH	0
County Nathung OVO	Registration Dist. No. 500
Village or City Darylan Incl	No. St., Ward
Length of residence in city or town where death occurred.	If death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long In U.S. if of foreign birth?
2. FULL NAME DONALLY	4 A C O C
	City Ward
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Malu White S. SINGLE, MARRIED, WIDOWED, OR DWORCED (well the word)	21. DATE OF DEATH (Month) (Day) (Year)
5e. If married, widowed, or divarced HUSBAND of	
(or) WIFE of Sungle	22. I HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, end year) Duple 16 = 193	, 19, to, 19, 19, 19, 19, 19, 19, 19, 19, 19, 19, 19, 19, 19, 19, 19, 19, 19
7. AGE Years Months Days If LESS than	to have occurred on the dete stated above, at 740Pm,
2 18 1 dey,hrs.	THE RESERVE CAUSE OF DEATH and related causes of importance
A Trade profession or particular	Date of onset
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	10011111
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 11. Total time (years) this occupation (month and	Laryngeal Syphima 10-1-32
SAW MILL, BANK, etc	
this occupation (month and spant in this year)	
12. BIRTHPLACE (CAY OF MASS QUICKY GOOK	Other Contributory Causes of importance:
(State or county) Park Of Ma	
13. NAME Storgy ME Sugran	
14. BIRTHPLACE (city or thin) Bakenson	Name of operation
(State of Country)	What test confirmed diagnosis? Was there en eulopsy?
IS. MAIDEN NAME COLLEGE TRUE	23. If death was due to external causes (VIOL ENCE) fill in elso the following:
15. MAIDEN NAME 15. MAIDEN NAM	Accident, suicide, or homicide? Date of injury, 19
(State or cyclylicy)	(Specify city or town, county and State)
17. INFORMANT SHOTTE Me Luginas	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
(Address) 18. BURIAL (CRE) ATION, OR REMOVAL.	
Place amples Mare to 14 193	Manner of injury
0199	Nature of injury
19. UNDERTAKER (Address) 7. Mandy Sville Mo	24. Was disease or injury in any way related to occupation of deceased?
15-12 31 Fall (1) 315	(Signed) Watter & Shear M. M. D.
20. FILED 193 Registrar.	(Address) Shoulrohmy and
	, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

44000

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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUREAU V.S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state N. B.—WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-Exact statement of OCCUPA-CAUSE OF DEATH in plain terms, so that it may be properly classified. IN RESERVED FOR BINDING TION is very important. See instructions on back of certificate.

V. S. No. 1

STATE	OF MARYLAND-	CERTIFICATE OF DEATH	11991
1. PLACE OF DEATH		(31)	11001
County Courter	ngeon	Registration Dist. No	300
Village or City	2 give	No. If death occurred in a hospital or institution, give its NAME instead of str	St.,Ward
Length of residence in city or town	where death occurred 5 yro 2	2	
2. FULL NAME ANDES	une J' Ho	horson	
(a) Residence: No.		St., Ward.	
PERSONAL AND STAT	(Usual place of about)	If nonresident give city or to	
3. SEX 4. COLOR OB AC		21. DATE OF DEATH	X1 II
Wals Why	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (swrite the word)	(Month) (Oav)	, 198 2
5e. Married, widowed, or divorced	12/1		(Year)
(or) WIFE of Hann	ve Johnson	22. 1 HEREBY CERTIFY, That I a	ttended deceased from
6. DATE OF BIRTH (month, day, and year)	8=18=187	R I last sow alive on A CO	193 2 death is sald
7. AGE Years Mont	and the second s	to have occurred on the date stated above, at 4. Sp. m.	
57 1	1 day,hrs. ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of importan were as follows:	Cate of onset
8. Trade, profession, or particular kind of work done, as SPINNE	R. Delmargs	DI PATE	9
kind ol work done, as SPINNE SAWYER, BOOKKEEPER, etc 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Date deceased last worked at		This Kilustina / pyron	7
work was done, as SILK MILL, SAW MILL, BANK, etc.		-	
- I this occupation (month and	11. Total time (years) spent in this		
year)	gosupation	Other Coutributory Causes of importance:	
12. BIRTHPLACE (city or town) (State or country)		671/KD 2222 A	21.35
13. NAME LOTTING	A Stranger		The state of the s
14. BIRTHPLACE (city or town)	auxolio Hook	Name of operation 0	ate of
(State of county)	el for mo	What test confirmed diagnosis? Was th	
15. MAIOEN NAME	Elbouse	23 II death was due to external causes (VIOLENCE) fill in also the f	ottowing:
16. BIRTHPLACE (city or town)	mus wick.	Accident, suicide, or homicide? Oate of injury	, 19
(State or ountry)	acces in	Where dis injury occur? (Specify city or town, county	and State)
17. INFORMANT CONCESS	No the man	Specily whether injury occurred in INDUSTRY, in HOME, or in PUE	BLIC PLACE.
18. BURIAL, EREMATION, OR REMOVAL	marior .	Manner of Injury	
Place Journal Control	Oate 10 > 54 , 19 3	Nature of injury	
19. UNDERFAKER	Zurgan & @	24. Was disease or injury in any way related to occupation of decea	sed?
(Address) (Autoly	EN COL M	If so, specify Shep	0
20. FILED	Registrar.	(Address) Sherth fill	2/ md. M. D.
If	more blanks are needed, address State Registrar	, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.	7

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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

Every item of information should be carefully supplied. ACE should be stated EXACTLY, PHYSICIANS should state CAUSE CF DEATH in plain terms so that it may be proporly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. BINDI PERM A MARGIN RESERVED FOR WITH UNFADING INK--THIS IS WRITE

No.

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1PLACE OF DEATH	STATE OF MARYLAND 2
County Washington	CERTIFICATE OF DEATH
	Registration Dist. No. 306
Village or City Cacoetoion Mano. 2FULL NAME Stillborn K	St: Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Temale While (Write the word)	16 DATE OF DEATH / 32 (Month) (Day) (Year)
6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended the deceased from
Oex 29. 1932	, 192, 192, 192,
(Month) (Day) (Year)	that I last saw halive on, 192,
7 AGE [If LESS than	and that death occurred on the date stated above, atm,
yrsmosds. ormin.?	The CAUSE OF DEATH * was as follows:
B OCCUPATION (n) I rade, profession or particular kind of work	Still Born
(b) General nature of industry business, or establishment in which employed or (employer)	(Duration)yrsmosds,
9 BIRTHPLACE (State or country) Cavelown Md	Contributory Secondary (Duration)yrsds,
10 NAME OF HOLOVARY R Kundall.	(Signed) MS Refacever M. D.
OF FATHER (State or country) multipling Med. R	*State the Disease Causing Death, or, in daths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
OF MOTHER Charles Marvles	18 LINGTH OF RESIDENCE (For Hospitals, Institutions, Trumpients or Recent Residents)
13 BIRTHPLACE OF MOTHER (State or Country) Pandaville Mil	At place of deathyrsmosds. In the Stateyrsinosds. Where was disease contracted,
4 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of dea h?
(Informant) Haward Kendall	usual residence
(Address) Canetown mg	Cavelows SCL 29 1932
Filed Oct. 2919 Bles w. Luguson. Lucal Registras	HR Kendall Cavetour

If more blanks are needed, addre s Ltate Registrar, 16 W. Saratoga St., Balto., Lequesting V. S. Iso. 1.

(Approved by U. S. Census and American Fublic Health Association.)

cupation is very important, so that the relative health-Spinner, should be used only when needed. As examples: (a) sary to know (a) the kind of work and also (b) the the first line will be sufficient, e. g.. Farmer or Planter, Physician, Compositor, Architect, Locomotive engineer, tion applies to each and every person, irrespective ci fulness of various pursuits can be known. The ques-Statement of Occupation-Precise statement of ocstate occupation at beginning of illness. If retired from er," etc., without more precise specification as Day laborer, Farm laborer, Laborer—Coal mine, etc. Womadditional line is provided for the latter statement; it nature of the husiness or industry, and therefore an eases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc., But in many whatever, write None. tired 6 yrs). business, that fact may be indicated thus; Farmer (regaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the dutics of the Never return "Laborer," "For man," "Manager," "Dealworked on may form part of the second statement. or given up on account of the DISEASE CAUSING DEATH to report specifically the occupations of persons en-Foreman, (b) For many occupations a single word or term on or At Home, and children, not gainfully em-(b) Cotton mill; (a) Salesman, (b) Grocery, man, (b) Automobile factory. The materia For persons who have no occupation

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemia cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Sinal meningitis"); Diphtheria (avoid Pneumonia"); Lobar pneumonia, Bronchopzeumonia ("Pneumonia,"

unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid causing death), 29 ds.; Bronchopneumonia (secondary), use of "Tumor" tcianus) may be stated under the head of "contributory." "PUERPERAL seplicaemia," "PUERPERAL perilonitis," etc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always quality all "Debility" ("Congenital," "Senile," etc.), "Dropsy, "E.haustion," "Heart failure," "Haemorrhage, tions, such as "Asthenia," "Anaemia" (merely symptom-(secondar) or intercurrent) affection need not be of ted unless important. Example: Measles (disease Chronic interstitial nephritis, American Medical Association.) approved (Recommendations on statement of cause of death as fracture of skull, and consequences (e.g., sepsis, earbolic acid-probably suicide. The nature of the injury, aceident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJULY State cause for which surgical operation was under-"Uracmia," "Weakness," etc., when a definite disease "Inanition," "Heart fallure," "Hemorrage," "Shock," Whooping eough; "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condiby Committee on Nomenclature for malignant neoplasms); Chronic etc. The contributory valvular heart disease; Mcasles ;

If this certificate is looked over thoroughly and a'l qu'stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10 .- The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, inchanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
BUREAU V.S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
		Tanal Sales	

	The state of the s	

217 2 4	302-
MANUAL CONTRACTOR AND	Registration Dist. No.
Village or City Hagerstown	No. Washington County Hospistal 3 Ward death occurred in a horpital or institution, give its NAME instead of street and number)
	ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAMES fel for chied of Milks	ine
(a) Residence: Np.	St., Ward.
The state of the s	If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH
	21. DATE OF DEATH
Female White OR DIVORCED (write the word)	October 17, 1932.
5a. If married, widowed, or divorced	(Month) (Oay) (Year)
HUSBANO of (or) WIFE of	22. I HEREBY CERTIFY That attended deceased from
10-f 141.82.	001/10,102, to 001/0,1935
	I last saw h; death is said
	to have occurred on the date stated above, atm. The PRINCIPAL CAUSE OF DEATH and related causes of importance
ormin.	were as follows:
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Infant	540 Pom
9. Industry or business in which	
SAW MILL, BANK, etc.	
7.9	Other Coutributory Causes of importance:
(State or country) Md	
13. NAME C. 7. Kellie	
14 RIRTHPLACE (city or town)	Name of operation Date of
(State or country)	What test confirmed diagnosis?
15. MAIDEN NAME Clice W'Iliams	23. If death was due to external causes (VIDLENCE) fill in also the following:
16. BIRTHPLACE (city or town) Y	Accident, suicide, or homicide? Date of injury, 19
E (State or country)	Where did injury occur?
17. INFORMANT (Address) Haces was	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
11 + 10 10	Manner of Injury
Place Hagerstown, Md. oatelf Cli 10, 1902	Nature of injury
19. UNDERTAKER Fred W. Kraiss,	24. Was disease or injury in any way related to occupation of deceased?
(Address) Hagerstown, Md.//	If so, specify
10 5 1111111111111111111111111111111111	
	Length of residence in city or town where death occurred yrs. mos 2. FULL NAME Still form elicid Milk KI (a) Residence: ND. (Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS 3. SEX

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at sehool or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as earpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of eause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Examp	le I	} i	Example II	
The principal cause of death an of importance were as follows:	d related causes	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	The second	1915	Attack of epilepsy	1 week ago
Chronie interstitial nephritis		1921	Run over by street car	1 week ago
Cerebral hemorrhage	MON A	July 5,1927	Peritonitis	3 days ago
	BUREAU	Vale		
Other contributory causes of in	iportance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

100	Certh	Certificate	Lor aul	horesten	1	Elina	dalo
		D	0	0		0	- min

V. S. No. 1

1. PLACE OF DEATH	(46)
County 7. 1. askington	Registration Dist. No. 305
Village or City Books on	No. St., Ward
Length of residence in city or town where death occurred 15 vrs - mo	f death occurred in a hospital or institution, give its NAME instead of street and number) sds. How long in U.S. if of foreign birth?yrsds.
2. FULL NAME TVICE Extelle Kingole	us.
2	
(a) Residence: No. Coulting (Usual place of abode)	/ St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OBJUSTICE THE WORD Sa. If married, widowed, or givorced So. SINGLE, MARRIED, WIDOWED, OR DIVORCED ("write the word) The state of the word of the wo	21. DATE OF DEATH 30" , 1932 (Month) (Day) (Year)
HUSBAND of Edgarfane Knode	22. I HEREBY CERTIFY. That I attended deceased from use 18" 1937, to Cel. 30", 1937
6. DATE OF BIRTH (month, dev) and year) / aug. 2 - 1873	I last law h alive on of 1937; death is said
7. AGE Years Months Days If LESS than 1 day,hrs.	to have occurred on the date stated above, at
8. Trade, profession, or particular	were as follows:
	Bout of the Little (Green / Street
/ kind of work done, as SPINNER, / SAWYER, BOOKKEEPER, etc 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Date deceased last worked at this occupation (month and the same in this programme).	The state of the s
11. Total time (years) this occupation (month any year) - 432 11. Total time (years) spant in this occupation - 43	
12. BIRTHPLACE (city or town) Eliquit city (State or country)	Other Contributory Causes of Importance: At tropal Deffort turned dy 52
# 13. NAME Edward de Comis	The state of the s
14. BIRTHPLACE (city or town) Toutous (State or country)	Name of operation Date of What test confirmed diagnosis? Was there an autopsy?
I 15. MAIDEN NAME CAN ZAMA COURAS.	What test confirmed diagnosis?
15. MAIDEN NAME (ayanna Cotric	Accident, suicide, or homicide? Date of injury, 19
(State or country) Md.	Where did injury occur?
17. INFORMANT Edigor Lane Knock (Address) Berrysburg Md	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Dougland Date VOV. 2, 1932	Nature of injury
19. UNDERTAKER (July), Bast & Surg (Address)	24. Was disease or injury in any way related to occupation of deceased? No
20. FILED/100. 2. 1932 (bellian) Registrar.	(Signed) Jedellest Mede, M.D. (Address) Deauxless, M.D.
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting V. S. No. 2.

STATE OF MARYLAND—CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUREAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenterilis	1 year

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Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

<u>'</u>							

V. S. No. 1 N. B.—1

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	95-3
County Washington	Registration Dist. No. 302
Village or City Hat En Cour	No. 25 6. Balto, St., 7 Ward
(If Length of residence in city or town where death occurred 52 yrsmos.	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth? yrs. mos. ds.
2. FULL NAME TO Educard Line	La el la
	The state of the s
(a) Residence: No. 2. (Usual place or abode)	St., Sward. If nonresident give eity or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) So It married widowed or divorced.	21. DATE OF DEATH (Month) 20, 198 2 , 193 (Year)
5a. If married, widowed or divorced HUSBAND of (or) HITESOF Lewel Boyd Kinelbange	M. I HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year tern) /"/FFO,	I West saw h_in die on /0 - 20 ,19.32; death is said
7. AGE Years Months Days If LESS than I day,	to have occurred on the date stated above, at 4,4 fm. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, Carage Duney SAWYER, BOOKKEEPER, etc.	Thum Dead, Death
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9 Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 11. Total time (years) 12. Total time (years)	due le- a heart
0. Date deceased last worked at this occupation (month and year) spant in this occupation (coupation)	- The second
12. BIRTHPLACE (city or town) Hay affectively	Other Contributory Causes of Importance:
(State or country) "" 13. NAME Samuel Amelianth	
13. NAME Samuel hullauth 14. BIRTHPLACE (city or town) / again town	Name of operation Date of
(State of country)	What test confirmed diagnosis? Was there an au'opsy?
15. MAIDEN NAME May Kenner 16. BIRTHPLACE (city or town) Vagerotown	23. If death was due to external causes (VIOLENCE) fill in also the following:
	Accident, suicide, or homicide? Date of injury, 19
(State or country)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT MAT MILLE REMEMBERS 25 Expalterior The	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place 1 (1) 2 3, 19 3 4	Manner of injury
19. UNDERTAKER Buster House,	24. Was diseaso or injury in any way related to occupation of deceased? Ho
20. FILED 23/32 195 has form	(Signed) The Dupley Common
Registrar.	(Address) Huguston In
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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Example I Example II The principal cause of death and related causes Date of onset The principal cause of death and related causes | Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of enilepsu 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage July 5, 1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1,1923 Gastroenteritis 1 uear

1. PLACE OF DEATH		CERTIFICATE OF I	2	4 = 3
County Washington	PELLIMITE BI	Regis	tration Dist. No.	16.
Village or City Hage a geneta	ww	No. 21/ 8 1000	udry st.	2 Ward
Length of residence in city or town where death occurred.	/1	death occurred in a hospital or institution, give it		
2. FULL NAME Willard	16, 6:1	1/1/		
(a) Residence: No. 211 S. A. Oc	in deli	St., 2 Ward.		
	lace of abode)		resident give city or town ar	nd State
PERSONAL AND STATISTICAL PAR		MEDICAL CERTIFI	CATE OF DEATH	
Male Whits or DIVO	MARRIED, WIDOWED, RCED (write the word)	21. DATE OF DEATH (Month)	- 12 - (Day)	, 193
Sa. If married, widowed, or divorced HUSBAND of (00) WIFE of ETUEL	Us.	22. I HEREBY CER	TIFY, That I attended	d deceased from
6. DATE OF BIRTH (month, day, and year) Zuas	v.3110/00	I last saw bases alive on /u	10	· death is sai
7. AGE Years Months Days	If LESS than	to have occurred on the date stated above, at	GX m.	22,00011113301
32 6 22	1 day,hrs, ormin.	The PRINCIPAL CAUSE OF DEATH and relawere as follows:	ted causes of importance	Date of onse
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Egar Store	Cerebrel En	toham	1/24
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.	" 11			//3
10 Date deceased last worked at this occupation (month and	tal time (years) spant in this			
year)	occupation	Other Coutributory Canses of importance:	41	
12. BIRTHPLACE (city or town)	THE STATE OF THE S	Miles / lega	gelder	
13. NAME Those Rich	sel.			
14. BIRTHPLACE (city or town) — Fine d	exist.	Name of operation	Date of	
(State of country)	rud	What test confirmed diagnosis?	Was there ar	au'opsy?
15. MAIDEN NAME Marca Land 16. BIRTHPLACE (city or town) BINE	1481	23. If death was due to external causes (VIOL	ENCE) fill in also the following	ng:
16. BIRTHPLACE (city or town)	ley Co	Accident, suicide, or homicide?	Date of injury	, 19
(State or country)	C. V.W.	Where did injury occur? (Specif	y city or town, county and Si	ate)
17. INFORMANT OTHER TO THE CONTROL OF THE CONTROL O	dry St.	Specify whether injury occurred in INDUSTR	Y, in HOME, or in PUBLIC P	LACE.
18. BURIAL, CREMATION, OR REMOVAL	10/1/10 -	Manner of injury		
Place A G G A LANCE Date	1-4,1932	Nature of injury		
19. UNDERTAKER CANADA (Address)	us Justo	24. Was disease or injury in any way related If so, specify	to occupation of deceased?	
20. FILED 10-24-1932 6 Kast	Bocerost	(Signed)	Silly)	M.
	Registrar.	(Address)	with the second	4

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arterioselerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BURNAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

1. PI	STATE (OF MARYLAND-	CERTIFICATE	OF DE	41H]	1400
	County Aach	wa low		Registration	Dist. No.30	04,
V	/illage or City	uedella	No.		St	W
	ength of residence in city of town when	Paralle and the same of the sa	If death occurred in a bospital or insti		IE instead of street and	
	Tota	a death occurred	1100	or roreign birth?	yrs.	mos.
	ULL NAME W //	wites, a	, of rune			
((a) Residence: No.	(Usual place of abode)	St., Ward.	If nonresiden	I give city or lown as	nd State
F	PERSONAL AND STATIS	TICAL PARTICULARS	MEDICAL C	CERTIFICAT	E OF DEATH	
3. SEX	1 4. COLOR OK PACE	5. SINGLE, MARRIED, WIDOWED. OR DIVORCED (write the word)	21. DATE OF DEATH	001	10	
1//	Tale Mule	Sugle.		(Month)	(Day)	, 193 Z
HUS	srried, widowed, or divorced SBAND ot		22. I HEREB	Y CERTIE	Y. That I attende	d deceased
(01)) WIFE ot	7		, 19 , to	14 First Factoria	19
6. DATE	OF BIRTH (month, day, and year	uly 2 18%	3 I last saw h Leas alive on	001-19	1932	death is
7. AGE	Years Months	Days It LESS than	to have occurred on the date sta		A.m.	
	293	1 day, hrs	The PRINCIPAL CAUSE OF DEA	TH and related cau	ses of importance	Date of o
8. T	Trade, profession, or particular kind of work done, as SPINNER	120 PR	7 1.		a. unixiliza	Late of o
ATI	SAWYER, BOOKKEEPER, etc.	1 2 2 100	Vufle	icing 1	-	
CUPA	SAW MILL, BANK, etc.	right Handle	1	300	·	
0 10:4	Data deceased last worked at this occupation (month and	11. Total time (years) spent in this				
	yaar)	occupation /	Other Contributory Causes of imp	ortance:		
	HPLACE (city or town flut	cocio mi		/	lattack	
~!	State or country	11 2.116		1-00-7-	acrigi	+
H 13. N	5/.	ra une	0		***	
H_ 14. B	(Stata or country)	cool of the	Name of operation		Data of	
œ 15. ħ	MAIDEN NAMES	M Bours	What test confirmed diagnosis?		Was there ar	
15. N	BIRTHPLACE (city on town)	111 100001	3. If death was due to external ca			
W 10. 0	(Stata or county)	nogung m	Where did injury occur?		Date of injury	
17. INFOR	RMAN I MINIE	1 Little	Specify whether injury occurred	(Specify city o in INDUSTRY, in H	r town, county and St OME, or in PUBLIC P	ate)
	Address) Ham (eoci6 mil				
18. BURIA	AL, CREMATION, OR REMOVAL	2 18/2 V 3	Manner of injury		• • • • • • • • • • • • • • • • • • • •	
r	and fortige of Grant	Date / / 100	Nature of injury			
19. UNDE	Address)	Dock mid	24. Was disease or Injury in any If so, specify	way soleted to occup	pation of deceased?	
20, FILED	12/00 2219	DO and	(Signed)	evod	v peq.	eus.

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	Example II	
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
July 5, 1927	Peritonitis	3 days ago
		0 10
	Other contributory causes of importance:	
May 1,1923	Gastroenteritis	1 year
	1915 1921 July 5,1927	Date of onset The principal cause of death and related causes of importance were as follows: Attack of epilepsy 1921 Run over by street car July 5, 1927 Peritonitis Other contributory causes of importance:

MARGIN RESERVED FOR BINDING

V. S. No. 1

S. DATE OF RIRTH (month, day, and yeass) 7. AGE Years Months Days 11 LESS than 1 day., hrs. or. win. S. Trade, profession, or perticular SAW MILL, BANK, etc. SAW MILL,	+	STATE OF MARYLAND—	CERTIFICATE OF DEATH
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Langth of residence ligitly or from whate death occupited. 2. FULL NAME (a) Residence: No. (b) Residence: No. (c) Residence: No. (c) Residence: No. (d) Residence: No. (d) Residence: No. (d) Residence: No. (e) PERSONAL AND STATISTICAL PARTICULARS (e) COLOR, OR RACE (f) SINCLE, MARRIED, WIGO-PED. (ii) DATE OF DEATH 21. DATE OF DEATH 22. (iii) DATE OF DEATH 23. (iv) WIFE of Color, or Residence (iv) WIFE of Color, or Residence (iv) WIFE of Color, or Residence (iv) Residence: No. (iv) Wife of Color, or Residence (iv) WIFE of Co	200	County Machenglow	Registration Dist. No. 30
Langth of residence ligitly or fown whate death occupited. 2. FULL NAME (a) Residence: No. (b) Residence: No. (c) Residence: No. (d) Residence: No. (d) Residence: No. (e) Residence: No. (f) Residence: No. (d) Residence: No. (d) Residence: No. (e) Residence: No. (f) Residenc	5		
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So. DIVORCED Currice (Inchmort) So. HIT married, widowed, or divorced HUNDER of Month) So. DATE OF RIRTH (month, day, and yeaps) I last saw have a live on Cart 2 9 19 37 death is said to have occurred on the date stated above, at 2 9 m. To have occurred on the date stated above, at 2		PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
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The PRINCIPAL CAUSE OF DEATH and related causes of importance were as tollows: Stand of work done, as SPINNER, formulation of min. Date of more as tollows:		6. DATE OF BIRTH (month, day, and year)	I last saw him alive on Oct 29. 1932; death is said
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20. FILED 10/31, 1932 I Bleeker (Signed) ! (Horod figers' M.D. Registrar. (Address) Have feet Mil.			24. Was disease or injury in say way related to occupation of deceased?
20. FILED / f. (Address) Haus Jek Mal)		P . (1 × 5) //) .	T. (1 1/1 2 - 1/1.
If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.	Statement St.	Registrar.	(Address Haus Jek Ml)

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To be complete, an occupation return must state:

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10.-The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example I		Example II	
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
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Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 yeor

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Example II Example I The principal cause of death and related causes Date of onset The principal cause of death and related causes Date of onset of importance were as follows: of importance were as follows: Attack of epilepsy Arterioselerosis 1915 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week agn Peritonitis Cerebral hemorrhage Julu 5.1927 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gastroenteritis Gallstones May 1,1923 1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAL	N
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BINDING

FOR

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MARGIN

No.

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To	be	complete.	an	occupation	return	must	state:
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- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation. Eq. 11.—The number of years the deceased followed the occupation.

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	≟. ₹ Ēxample II	
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1921	Run over by street ear	1 week ago
July 5, 1927	Peritonitis	3 days ago
	Other contributory causes of importance:	
May 1,1923	Gastroenteritis	1 year
	1915 1921 July5,1927	Date of onset The principal cause of death and related causes of importance were as follows: 1915 Attack of epilepsy 1921 Run over by street ear July 5, 1927 Peritonitis Other contributory causes of importance: May 1,1923 Gastroenteritis

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

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Tan and the second			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

No. 1

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	1
PLACE OF DEATH County Working tim	STATE OF MARYLA CERTIFICATE OF DE
Village or City Mongaments (No	Registration Dist. No. St.: Wardj (If death a hospital tion, give stead of number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WILDOWEO. OR-DIVORCEO (Write the word)	16 DATE OF DEATH
(Month) (Day) (Year)	17 I HEREBY CERTIFY, That I attended the decided the decided the decided that I hast saw he alive on
yrsmoads. ormin.?	and that death occurred on the date stated above, at
(a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer)	Lugures in Selivere, (Duration)
10 NAME OF FATHER 11 BIRTHPLACE (State or country) 12 MAIDEN NAME OF MOTHER 12 MAIDEN NAME OF MOTHER 13 MAIDEN NAME OF MOTHER 14 MAIDEN NAME OF MOTHER 15 MAIDEN NAME OF MOTHER 16 MAIDEN NAME OF MOTHER 17 MAIDEN NAME OF MOTHER	(Signed)
13 BIRTHPLACE OF MOTHER (State or Country) 4 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) 214 13 BIRTHPLACE OF MOTHER (State or Country) My KNOWLEDGE (Informant)	ients or Recent Residents) At place of death

TATE OF MARYLAND RTIFICATE OF DEATH

Registration Dist. No.

(If death occurred in a hospital or institu-tion, give its NAME is-stead of street and number.)

16 DATE OF DEATH	_	
/ / - 1	16.	192
(Month)	(Day)	(Year)
17 I HEREBY CERTIFY, That I nt	tended the dec	eased from
10-11 1972.10		
that I last saw he alive on	-/8	, 194
and that death occurred on the date state	d above, at	145 /m.
The CAUSE OF DEATH * was as follows:		
Jugures in delie	601	
Lugare January	- uj	
	//	
(Duration)		sds.
Contributory		
(Duretion)	Avrarac	ds.
(Signad) & OW Del	25	ds.
		M. D.
10-19 192 (Address) # 92		
*State the listase Causing Death Violent Causes, state (1) Mean's of I Accidental, Suicidal or Homicidal.	, or, in deat njury and (2)	hs from Whether
18 LENGTH OF RESIDENCE (For Hosp	itals, Institution	ons, Trans-
ients or Recent Residents)		
At place of deathyrsds. In the	e ateyrs	mosds.
Where was disease contracted, it not at place of dea.h?) A.O., O. O. O. O. O. O. O.
Former or usual residence		
19 PLACE OF BURIAL OR REMOVAL	DATE OF	BURIAL
Ruffs Chuck.	10-19	1974
20 UNDERTAKER	ADDRESS	.,.,
Year & Mille	Manan	utton
Werry C. Much	110	,

(Approved by U. S. Census and American Public Health Association)

fulness of various pursuits can be known. The quescupation is very important, so that the relative healthtired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many tle lirst line will be sufficient, e. g., Farmer or Planter tion applies to each and every person, irrespective of Statement of Occupation-Precise statement of ocg ged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed work, or At Home, and ehildren, not gainfully employed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, House laborer, Farm laborer, Laborer-Coal mine, etc. Wom-en at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, Paysician, Compositor, Architect, whatever, write Nonc. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, household only (not paid Housekeepers who receive a report specifically the occupations of persons en-Foreman, For many occupations a single word or term on (b) Cotton mill; (a) Salesman, (b) Grocery, eman, (b) Automobile factory. The material without more precise specification as Locomolive engineer, Day

Statement of Cause of Beath—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disesse. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"; Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typheid Pneumonia"); Lobar pneumonia, Bronchappueumonia ("Pneumonia,"

> accident; Revolver wound of head-homicide; Poisoned by as fracture of skull, and consequences (e.g., sepsis (Recommendations on statement of cause of tclanus) may be stated under the head of "contributory." "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Ezhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shoek," "Uraemia," "Weakness," etc., when a definite disease carbolic acid—probably suicide. The nature of the injury, diseases resulting from ehildbirth or misearriage as "PUERPERAL scpticacmia," "PUERPERAL peritonitis," etc. eausing death), 29 ds.; Bronchopneumonia (seeondary) (secondary or intercurrent) affection need not be stited unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles, unqualified, is indefinite); *Tuberculosis of lungs, meningss, peritonaeum*, etc., *Careinoma, Sarcoma*, etc., of (name origin; "Caneer" is less definite; avoid American Medical Association.) approved by Committee on Nomenclature or as probably such, if impossible to determine definitely State eause for which surgical operation was undercan be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptom-Whooping cough; Examples: Accidental drowning; Struck by railway trainand qualify as ACCIDENTAL, SUICIDAL, OF HOMICIDAL, taken. For VIOLENT DEATHS state MEANS OF INJURY Chronic interstitial nephritis, "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi Chronic valvular heart disease; etc. The contributory death

If this certificate is looked over thoroughly and all qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

STATE OF MARYLAND—CERTIFICATE OF DEATH 1. PLACE OF DEATH plnods Registration Dist. No. Village or City (If death occurred in a hospital or institution, give its NAME instead of street and number) S ds. How long in U.S. if of foreign birth? Length of residence in city se death occurre statement PHYSICIAN 2. FULL NAME St. (a) Residence: No. (Usual place of abode) If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE SINGLE, MARRIED, WIDOWEDS 21. DATE OF DEATH OR DIVORCED (write the (Month) (Day) (Year) 5a. If married, widowed, or divorced HUSBAND of 22. HEREBY CERTIFY. That I attended deceased from (or) WIFE of I last saw h. death is said 6. DATE OF BIRTH (month, day, and yes? certificate Years 7. AGE If LESS than to have occurred on the date stated above, at. I day, The PRINCIPAL CAUSE OF DEATH and related causes of importance min were as follows: Date of onset 8. Trada, profession, or particular NO Jo kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. CCUPATI plnods may 9. Industry or business in which back work was done, as SILK MILL. SAW MILL, BANK, etc on 10. Date deceased last worked at 11. Total time (years) ŏ this occupation (month and spent in this that occupation instructions FADING Other Contributory Causes of importance: 12. BIRTHPLACE (city or tow (State or country FATHER See 14. BIRTHPLACE (city or town) plain (State or country) carefully What test confirmed diagnosis?. Was there an autopsy?. OTHER 15. MAIDEN NAME important in 23. If death was due to external causes (VIOL ENCE) fill in also the following: Accident, suicide, or homicide? ______ Dato of injury _____ 19 16. BIRTHPLACE (city or town) (State or country Where did injury occur? (Specify city or town, county and State) DE. Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. 17. INFORMANT should (Addrass) OF 18. BURIAL, CRE Manner of injury SE mation Nature of injury. LION 24. Was disease or injury in any way related to occupation of deceased If so, specify (Signed) Registrar. (Address) If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL	SPACE F	OR F	FURTHER	STATEMENTS	BY	PHYSICIAN
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mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA.

	STATE OF MARYLAND—	CERTIFICATE OF DEATH
	1. PLACE OF DEATH	
	County Besting Ton	Registration Dist. No. 376
	Village or City of Ceelfruile mid	No. St Ward
	Length of residence In city or town where death occurred wrs. 2 mos	f death occurred in a horpital or institution, give its NAME instead of street and number)
	2. FULL NAME August Cluved 14	coheness
	(a) Residence: No. (Usual place of abode)	St., Ward.
	PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH
	3. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
	Male Mit OR DIVORCED (write the word) 5a. If married, widowed, or divorced	October 2 4 193 2 (Month) (Day) (Year)
ite.	HUSBAND of (or) WIFE of	22. THEREBY CERTIFY. That I ettended deceased from 1932 to Oct 24' 1932
	6. DATE OF BIRTH (month, day, and year) Och 24' 1932	I last saw h alive on
certificate	7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 4
rtil	Atellane - 1 day, hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
	100	Date clonset
Jo 3	SAWYER, BODKKEEPER, etc.	Varturilian
back	9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	
no	9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	Well born
instructions	12. BIRTHPLACE (city or town) Techyrolle, From. (State or country)	Other Coutributory Causes of importance:
str	E 13. NAME Itary a. Headening	
in	E / 1/ 1 . 1/ 2/	7. 21 1.1-
See	(State or country)	Name of operation 1000 Oct. 29/82
ب	W 15. MAIDEN NAME TO BE DE LA COMPANIE DE LA COMPAN	What test confirmed diagnosis? Was there en aulopsy?
important.	15. MAIDEN NAME Many L. Aparger 16. BIRTHPLACE (city or town) Milleaursport, Md (State or country)	23. If death was due to external causes (VIOLENCE) fill In also the following: Accident, suicide, or homicide?
imi	1) G 20	Where did injury occur? (Specify city or town, county and State)
very	17. INFORMANT Arry a Meadenine (Address) No Syriale, mil	Specify whether injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE.
20	18. BURIAL, CREMATION, DR. REMOVAL	Manner of injury
	Place / Joseph Seman Date Och. 20, 19 22	Nature of Injury
TION	19. UNDERTAKER Aut Dack Sau (Address) Brainsleam, Mrd	24. Was disease or injury in any way related to occupation of deceased?
	20. FILED Oct 25, 1932 Rolling	(Signed) Alylaist (Made) M.D.

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Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenterilis	1 year

Village or City Hugerboun (No. 17 8, Found 2FULL NAME Manager Chiled M. A. ME PERSONAL AND STATISTICAL PARTICULARS 3 SEX		PLACE OF DEATH County Washington	(3)
PERSONAL AND STATISTICAL PARTICULARS 3 SEX 4 COLOR OR RACE WINDOWED. OR DINORCED (Write the word) 6 DATE OF BIRTH CLASSINGLE. MARRIED. WIDOWED. OR DINORCED (Write the word) 17 I HERI 18 DATE OF DEA 19 19 32 that I last saw h and that death or The CAUSE OF D The CAUSE OF D 18 OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer) 9 BIRTHPLACE (State or country) Hayerway 10 NAME OF FATHER (State or country) Hayerway 11 BIRTHPLACE OF MOTHER (State or Country) Hayerway 12 WAIDEN NAME OF MOTHER (State or Country) Hayerway 13 BIRTHPLACE OF MOTHER (State or Country) Hayerway 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) M. G. Nake (Address) Hayerway 15 Siled D- 10-1022 Marshard ways 20 UNDERTAKER 20 UNDERTAKER		WITHIN CORPORATE LIMITS OF	vund
3 SEX 4 COLOR OR RACE MARRIED. WIDOVED. OR DINORCED (Write the word) 17 I HERI Cent 19, 1932 (Month) (Day) (Year) That I last saw h and that death or the Cause of Last or country) BOCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in Which employed or (employer) 9 BIRTHPLACE OF FATHER (State or country) Hagerland and (Signed) 10 NAME OF FATHER (State or country) Hagerland and (Signed) 11 BIRTHPLACE OF MOTHER (State or Country) Hagerland and (Signed) 12 MAIDEN NAME OF MOTHER (State or Country) Hagerland and (Signed) 13 BIRTHPLACE OF MOTHER (State or Country) Hagerland and (Signed) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) W. G. Makerland (Address) Hagerland and (Address) Hagerland and (Address) Lagerland and (Add		2 FULL NAME un amed Chile	M. a. m
MARRIED. MIDOWED. OR DINORCED		PERSONAL AND STATISTICAL PARTICULARS	MEC
(Month) (Day) (Year) That I last saw has and that death or the CAUSE OF D Sucyrs mos. ds. or min.? BOCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer) BIRTHPLACE (State or country) Hayerstowny 11 BIRTHPLACE OF FATHER (State or country) Markuyler & My 12 MAIDEN NAME OF MOTHER (State or Country) Hayerstown has a content of centre of cents or Recent 13 BIRTHPLACE OF MOTHER (State or Country) Hayerstown has a content of cents or Recent 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) W. G. Marker (Address) Hayerstown has a content of cents or residence. 15 Filed 10 - 10 - 1023 behave the country have and isease of in not at place of cents. 16 CAUSE OF D Contributory Secondary (Signed) 4 State the Violent Causes, Accidental, Sucion (Signed) 4 State the Violent Causes, Accidental, Sucion (Signed) 5 State the Violent Causes, Accidental, Sucion (Signed) 6 State or country State the Violent Causes, Accidental, Sucion (Signed) 7 State the Violent Causes, Accidental, Sucion (Signed) 8 State the Violent Causes, Accidental, Sucion (Signed) 9 State the Viol	3 5	MARRIED, WIDOWED. OR DITORCED	16 DATE OF DEA
TAGE Sully was mos. ds. or min.? BOCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer). BIRTHPLACE (State or country) Harburghan Co huge The CAUSE OF D Contributory Secondary Contributory Secondary (Signed) 11 BIRTHPLACE OF FATHER (State or country) Marburghan Co huge The Mother of Mother (State or Country) Augustus huge The CAUSE OF D The C	6 1	DATE OF BIRTH Cent 19, 1932	Ę,
(a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer) 9 BIRTHPLACE (State or country) Hogerslaw me 10 NAME OF FATHER 11 BIRTHPLACE OF FATHER (State or country) Markaylar & May 12 MAIDEN NAME OF MOTHER (State or Country) Hogerslaw holds 13 BIRTHPLACE OF MOTHER (State or Country) Hogerslaw holds 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) M. G. May Kee (Address) Hogerslaw has been a sistence (Address) Hogerslaw has been a sistence 15 Filed 10 1923 belant Brown has 20 UNDERTAKER	7 /	Siel born I dayhrs.	and that death oc
11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER (State or Country) 13 BIRTHPLACE OF MOTHER (State or Country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) (Address) 15 Filed (Address) (Signed) *State the Violent Causes, Accidental, Suicin 18 LENGTH OF ients or Recent At place of death	Carried Co	a) Trade, profession or articular kind of work b) General nature of industry usiness, or establishment in rhich employed or (employer)	
(Informant) W. G. No Ke (Address) Hyerrlown wy (Address) Charffbowers 20 UNDERTAKER	ARENT	11 BIRTHPLACE OF FATHER (State or country) Warlaugher & My 12 MAIDEN NAME OF MOTHER Rule Trene Inolines 13 BIRTHPLACE	*State the Violent Causes, Accidental, Suici 18 LENGTH OF ients or Recent At place of deathyrs
		(Informant) W. G. Wokes (Address) Hugerlown We	if not at place of Former or usual residence 19 PLACE OF BUI Portura

STATE	OF		YLAN	-
CERTIFIC	CATE	E OF	DEA	TH

Registration	Dist.	No.	5	0	_

11297

undry St: 2 Ward) (If death occurred in a hospital or institu-tion, give its NAME in-

ADDRESS

ceshowi

M. a. nokes		ead of umber.)	street and
MEDICAL CERTIFICA	TE OF	DEATH	,
16 DATE OF DEATH Ger-/	94		1982
(Month)			
17 I HEREBY CERTIFY, That	I attend	ed the de	
that I last saw h categon			, 192,
that I last saw h Caltre on			, 192,
and that death occurred on the date	stated abo	ve, at	m,
The CAUSE OF DEATH * was as follow	miles		

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***************************************	000000000000000000000000000000000000000		······································
(Duration)	yr	sm	osds,
Contributory			
Secondary		,,.,.,.,	
(Duration) (Signed) 71 G1 5572	yı	:a	osds.
*State the Disease Causing I Violent Causes, state (1) Means Accidental, Suicidal or Homicidal.	eath, or, of Injury	in dead and (2)	ths from Whether
18 LENGTH OF RESIDENCE (For I ients or Recent Residents)	Hospitals,	Instituti	ons, Trans-
At place of deathyrsmosds.	In the State	yrs	mosds.
Where was disease contracted, if not at place of death?			
Former or usual residence		***************************************	200000000000000000000000000000000000000
19 PLACE OF BURIAL OR REMOVAL		DATE OF	<u> </u>
Premises	G	19	1932

If more branks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

S. No. 1 ٥.

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(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from whatever, write Nane. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook to report specifically the occupations of persons enployed, as At school, ar At hame. Care should be taken definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the er," etc., without more precise specification as Day worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the Physiciam, Compasitor, Architect, Lacomotive engineer, Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer ar Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ochousehold only (not paid Hausekeepers who receive a Fareman, or At Hame, and children, For many occupations a single word or term on especially in industrial employments, it is necesyrs). Farm laborer, (b) Cottan mill; (a) Salesman, (b) Grocery, man, (b) Autamabile factory. The material For persons who have no occupation Laborer--Coal mine, etc. not gainfully em-Wom-

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease, Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhaid fever (never report "Typhoid Pneumonia"); Labar pneumonia, Branchopneumania ("Pneumonia,");

American Medical Association.) approved by Committee on Nomenclature tetanus) may be stated under the head of "contributory." accident; Revalver wound af head-homicide; Poisoned by (Recommendations on statement of cause of death as fracture of skull, and consequences (e. g., sepsis, carbolic acid-prabably suicide. The nature of the injury, or as probably such, if impossible to determine definitely, "Uraemia," "Weakness," etc., when a definite disease Examples: Accidental drawning; Struck by railway trainand qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was under-"PUERPERAL septicacmia," "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Debility" ("Congenital," "Senile," etc.), "Dropay," ("Exhaustion," "Heart failure," "Haemorrhage," stated unless important. Example: Measles (disease tions, such as "Asthonia," "Anaemia" (merely symptom-(secondary or intercurrent) affection necd not be use of "Tumor" for malignant neoplasms); Measles, inges, perilanaeum, etc., Carcinoma, Sarcama, etc., of (name origin; "Cancer" is less definite; avoid causing unqualified, is indefinite); Tuberculasis af lungs, men-"Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condideath), 29 ds.; Bronchapncumonia (secondary), interstitial nephritis, cough; Chranic valvular heart disease etc. The contributory

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

V. S. No. 1

	STATE OF MARYLAND	CERTIFICATE OF DEATH	000
1	. PLACE OF DEATH	(5)	20
	County Washington	Registration Dist. No.	6
	Village or City Vishelied	NoSt.,	Ward
	(If	death occurred in a hospital or institution, give its NAME instead of street and n	
	Length of residence In city or lown where death occurred	l e e e e e e e e e e e e e e e e e e e	S
2	FULL NAME TOUGHT E. CONCE	ar	
	(a) Residence No. Ale glace of abode)	St., Ward. If nonresident give city or town and	State
el-Tella	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3.	SEX 4. COLOR OR RACE / 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH	
1	Make White Maney	(Month) (Day)	, 193 Z (Year)
5a.	If married widowed or divorced		
	HUSBAND OF Mary E. M. Porris	22 SHEREBY CERTIFY, That I ettended to	deceased from
6.]	DATE OF BIRTH (month, day, end year) Quy 3 1 1899	Mast saw har alive on 10-6 1932	, death is said
	AGE Years Months Days If LESS than	to have occurred on the date stated above, at . 4 CG, m.	
	33 / S- 1 day, hrs. or min.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of onset
z	8. Trede, profession, or particular kind of work done, as SPINNER,	Largygealt	Date of ourset
T10	SAWYER, BOOKKEEPER, etc.	Orlynony,	5154
UPA	9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	Tuberentaris	
OCCUPATION	10. Date deceased last worked at this occupation (month end year) 11. Total time (years) spenI in this occupation	[/	
12.	BIRTHPLACE (city or town) . Nashington W.C. (State or country)	Other Cuutributury Causes of importance;	
04	13. NAME Daniel & Brian		
FATHER	V 1 - 10 0		
FA	14. BIRTHPLACE (city or town) Nachungton W. C. (State or country)	Name of operation	
2	15. MAIDEN NAME annie Holt man.	23. If death was due to external causes (VIOLENCE) fill in also the following	
MOTHER	16. BIRTHPLACE (city or town) Hahry Long Long Long Long	Accident, suicide, or homicide? Date of injury	
MC	(State or country)	Where did injury occur?	
17.	INFORMANT Mrs frach E. O'Brighfieldne (Address)	(Specify city or town, county and State Specify whether injury occurred In INDUSTRY, in HOME, or in PUBLIC PLACE.	
18.	BURIAL, CREMATION, OR REMOVAL, & Bultimon mil	Manner of injury	
	Placeflew Cathedred and Jate 10/15 ,1932	Nature of Injury	
19.	UNDERTAKER Hafter of Grove Pa.	24. Was disease or injury in any way related to occupation of deceased?	
20.	FILED Oct le 1932 Les / Fraguson de Registras.	(Signed) N. Co. Driel 122 (Address) Bleet Mi all Norwer	M. D.
		2411 N. Charles Street. Baltimore. Requesting U.S. No. 1.	7

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "inill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ндо
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July5,1927	Peritonitis	S days ago
NO.			In w
Other contributory causes of importance:		Other contributory causes of importance:	3 15
Gallstones	May 1,1923	Gastroenteritis	1 yeur 3
			1.3

1. PLACE OF DEATH

County

20. FILED

STATE OF MARYLAND—CERTIFICATE OF DEATH Registration Dist. No How long in U.S. if of foreign birth? If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH 193 > (Day) (Year) HEREBY CERTIFY. That I attended deceased from : death is said Date of onset 70 Was there en autopsy? (Co) of douth was due to external causes (VIOLENCE) fill in also the following Accident, suicide, or homicide?______ Date of injury______ 19 (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE. 24. Was disease or injury In eny way related to occupation of deceased? Registrar. (Address) Address State Registrar Que Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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	Example II	
S Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
July 5, 1927	Peritonitis	3 days ago
	Other contributory causes of importance:	
May 1,1923	Gostroenteritis	1 year
	1915 1921 July 5, 1927	of importance were as follows: Attack of epilepsy 1921 Run over by street car July 5, 1927 Peritonitis Other contributory causes of importance:

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CAUSE OF DEATH in plain terms, so that

properly classified.

Exact statement

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
w : 5			

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

V. B. No. 1

V. S. No. 1

2. FULL NAME AND STATISTICAL PARTICULARS 3. SP 4. COLOR OR RACE 5. SINGER, MARKED, WIDONED OR BUTCHERS OR BUTCHERS OR STRONGED OWN: DESTRUCTION OF BIRTH (mouth, day, and year) 5. I married, widowed, or disgreed from you'let or destruction or	STATE OF MARYLAND—	CERTIFICATE OF DEATH
Village or City	1. PLACE OF DEATH /	11302
Village or City	County Washers on	1 Registration Dist. No. (302
(If death occurred in a hospital or institution of a six AME princed of stored and number) 2. FULL NAME (a) Residence: No. 3 6	WYTHIN CORPANNELLINITE	No. Washing Aroly, St. 3 Ward
(2) Residence: No. 1 (Chastellace of shocks) PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RECE OR PHORED with the word of the product of the	(If	death occurred in a hospital or institution, give its NAME (nated of street and number)
PERSONAL AND STATISTICAL PARTICULARS 3. SEY 4. COLOGOR RECT. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (winit be word) 6. DATE OF BIRTH (month, day, and year) 6. DATE OF BIRTH (month, day, and year) 7. AGE Years 8. Trade, profession, or particular 18. SAW MILL, BANK, etc. 19. John SAWYER, BOOKKEPER, etc. 19. John SAWYER, Etc. 19. John SAWYER, BOOKKEPER, etc. 19. John SAWYER, Etc. 19. John SAWYER, BOOKKEPER, etc. 19. John SAWYER, Etc. 20. John SAWYER, Etc. 20	2. FULL NAME AS CAS M. Kill	limit
PERSONAL AND STATISTICAL PARTICULARS 3. SEY 4. COLOGOR RECT. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (winit be word) 6. DATE OF BIRTH (month, day, and year) 6. DATE OF BIRTH (month, day, and year) 7. AGE Years 8. Trade, profession, or particular 18. SAW MILL, BANK, etc. 19. John SAWYER, BOOKKEPER, etc. 19. John SAWYER, Etc. 19. John SAWYER, BOOKKEPER, etc. 19. John SAWYER, Etc. 19. John SAWYER, BOOKKEPER, etc. 19. John SAWYER, Etc. 20. John SAWYER, Etc. 20	(a) Residence: No. 3/E. Washington	St. 13 Ward
3. SEX 4. COLOGOR RACE S. SINCEL MARKED, WIDOWED (World be world) 5. If mirried widowed, or dispreed 6. DATE OF DERTH (month, day, and year) 7. AGE 7. Years 7. AGE 7. Years 8. Trade, profession, or particular 8. Trade, profession, or particular 8. Trade, profession, or particular 8. Industry or business in which 9. Industry or business in w		
So. If married, windowed, or dispreed Washington windowed, or dispress will be a said to have occurred in the base stated above, at 17 and 1 insert said Washington windowed, or dispress will be a said to have occurred in the base of importance: Washington windowed, or dispress will be a said to have occurred in the window wire as follows: Washington will be a said to have out of the date stated above, at 17 and 1 insert said Washington will be a said to have occurred in the window wire as follows: Washington will be a said to have occurred in the window wire as follows: Washington wire		MEDICAL CERTIFICATE OF DEATH
5. If married, widowed, or digreed	of Distriction, Historian,	(VU. 20)
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Ye	5a. If married, widowed, or divorced	(Month) (Day) (Year)
7. AGE Years Norths Days If LESS than to have occurred on the date stated above, at 17 a.m. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: Date of onset North Work was done, as SPINNER, SAWYER, BOOKKEPER, etc. SAWYER, BOOKKEPER, etc. SAWYER, BOOKKEPER, etc. SAWYER, BOOKKEPER, etc. SAWWER, BOOKEPER, etc. SAWWER, BOOKKEPER, etc. SAWWER, BOOKKEPER, etc. SAWWER, BOOKKEPER, etc. SAWWER, BOOKKEPER, etc. SAWWER, BOOKKEPER	(or) WIFE of heality of timehast	22. Sept 14 REBY CERTIFY That I attended deceased from
7. AGE Years Noths Days If LESS than to have occurred on the date stated above, at \$1.20 m. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: Date of onest The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: Date of onest The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: Date of onest The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: Date of onest The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: Date of onest The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: Date of onest The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: Date of onest The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: Date of onest The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: Date of onest The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: Date of onest The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: Date of onest The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: Date of onest The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: Date of onest The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: Date of onest The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: Date of onest The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: Date of onest The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: Date of onest The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: Date of onest The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: Date of onest The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: Date of onest The PRINCIPAL CAUSE OF DEATH and related causes of im	6. DATE OF BIRTH (month, day, and year) Seele 10 1882	I last saw h. Ar alive on W. (9 30 , 193 2; death is said
8. Trade, profession, or particular kind of work done as SPINNER. SAWER, BOOKEFER, etc. 9. Industry or business in which was done as SPINNER. SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and year) spant in this occupation (month and year). 12. BIRTHPLACE (city or town) (State or country) 13. NAME 14. BIRTHPLACE (city or town) (State or country) 15. MAIDEN NAME 16. MAIDEN NAME 17. INFORMANT 18. BURTHPLACE (city or town) (State or country) 17. INFORMANT 18. BURTHPLACE (city or town) (State or country) 18. BURTHPLACE (city or town) (State or country) 19. What test confirmed diagnosis? Was there an autopsy? 20. FILED 10. Date deceased last worked at this occupation of deceased? What test confirmed diagnosis? Was there an autopsy? 21. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide? Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE Name of operation. Was there an autopsy? 22. Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE Name of operation. Manner of injury Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE Name of injury Nature of injury 24. Was disease or injury Nature of injury 24. Was disease or injury Specify whether injury way related to occupation of deceased? (Signed) Address) 25. Address) 26. Address) 27. Address 28. Burthplace (Signed) (Signed) (Signed)	7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 122 a.m.
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Place A agent locus Date 10.2/, 193 Nature of injury 19. UNDERTAKER College A College	18. BURIAL, CREMATION, OR REMOVAL	Mannar of Injury
19. UNDERTAKER Collection of General 24. Was disease or injury in any way related to occupation of deceased? 20. FILED / O - ZZ, 19 32 bhosph Bowers Registrar. (Address) (Signed) (Address)	Place A agen tocus Date / 32/1932	
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Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, nuchanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of cpilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by strect car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
HUREAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

	STATE OF MARYLAND	CERTIFICATE OF DEATH
	1. PLACE OF DEATH	78
1	County Washington	Registration Dist, No. 30 2
1		No. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
	2. FULL NAME I sabella Eliza P (a) Residence: No. Cheerwille (Usual place of abode)	ohren St., Ward.
	PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH
	3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH 62 (Month) (Day) (Year)
	5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased from
	6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days If LESS than	I last saw he alive on QN 23 ,198 death is said to have occurred on the date stated above, at 10-3 cam.
	2 3 1 day,hrs. ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: Date of onset
	kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc O Date deceased last worked at this occupation (month and spent in this progration (month and spent in this progration (month and spent in this progration).	Council Dassa 1 day
	O Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation	Other Contributory Causes of importance:
	12. BIRTHPLACE (city or town) Chewavelle (Stata or country) Washington, CV,	Juknown
	13. NAME May Bohreys 14. BIRTHPLACE (city or town) Smithsburg	Name of operation Date of
	(State of Country)	What test confirmed diagnosis? Was there an autopsy?
	15. MAIDEN NAME Mary Variation 16. BIRTHPLACE (city or town) (State or country) Mary Variation (State or country)	23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide?, 19, 19
	17. INFORMANT May Rowrelle (Address) Chevavelle	Where did injury occur? (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
	18. BURIAL, CREMATION, OR REMOVAL Place Hagerslown Date Oct 24 1932	Manner of injury
	19. UNDERTAKER William HDowney (Address) Smiths Jury (Ind.	24. Was disease or injury in any way related to occupation of deceased? If so, specify
	20. FILED 10-23, 1932 6 LASA Bowers Registrar.	(Signed) Mot Reface M. E. (Address) Smithsburg and

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work donc. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

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Example I	11	Example H	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Perilonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY P	PHYSICIAN
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(Address).

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

STATE OF MARYLAND-CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of infor-MARGIN RESERVED FOR BINDING

STATE C	OF MARYLAND-	CERTIFICATE OF DEATH	0/1-
1. PLACE OF DEATH			300
County Masch un Village or City	legershown	Registration Dist. No. 30 Registration Dist. No. 30 St., 6 f death occurred in a hospital or institution, give its NAME instead of street and no	Ward winher)
2. FULL NAME			
(a) Residence, No. 7V	(Usual place of abode)	If nonresident give city or town and S	State
PERSONAL AND STATIST	ICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day)	193 2 (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of		22. I HEREBY CERTIFY. That I attended d	leceased from
6. DATE OF BIRTH (month, day, and year)			; death is said
7. AGE Years Months	Days If LESS than I day,hrs.	to have occurred on the date stated above atm. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of onset
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work was done, as SILK MILL,		C.f.	
SAW MILL, BANK, etc	11. Total time (years) spent in this occupation	Chiea	
12. BIRTHPLACE (city or town) Hage (State or country)	uslown R 2	Other Contributory Causes of Importance:	i
13. NAME Coland	Thors-		
H 14. BIRTHPLACE (city or town)	anley bac	Name of operation Date of	
(State or country)		What test confirmed diagnosis? Was there an at	utopsy?
15. MAIDEN NAME Corrie	Reyser	23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide? Date of injury	
17. INFORMANT Clarel	short-	Where did injury occur? (Specify city or town, county and State Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLA) CE.
18. BURIAL, CREMATION, OR REMOVAL,	Date Oct 2, 19 3 4	Manner of injury	
19. UNOERTAKER Colonel (Address) / Lyensle	Hors-	24. Was disease or injury in any way related to occupation of deceased?	
20. FILED 10-3-19 2 2-	Shaff Dowert	(Signed) 1 Gentlem (Address) / Rependence 2	M. D.

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Example 1	1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
		Beckerage	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

r e r	STATE OF MARYLAND—	CERTIFICATE OF DEATH
infor stat UPA	1. PLAGE OF DEATH	11306
ould OCC	county Washington.	Registration Dist. No. 302
item of should of OCC	Village or City Dangans velle the	No St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
		ds. How long in U.S. If of foreign birth?
RD. Every YSICIANS statement	2. FULL NAME Stella Stowalles	- /
SIC Stat	(a) Residence: No. Manglung ville hig!	St., Ward.
	(Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State
RECO PH Exact	3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	MEDICAL CERTIFICATE OF DEATH 21. DATE OF DEATH
LY.	Rusle White OR DIVORCED (write this word)	(Month) (Day) (Year)
RMANER X A C T Classified	5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. HEREBY CERTIFY, That I attended deceased from
print 0	6. DATE OF BIRTH (month, day, and year) 8, 1932	I last saw h L alive on OF 7 (9 , 19 2 death Is said
d E erly icate.	7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 2:30 m.
IS A PE stated E properly certificate	1 day, - 2-9 hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
HIS be be of c	8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc	
<u> </u>	kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 1 thdustry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and	Atracranal Temorrhoce
VK—T should it may n back	SAW MILL, BANK, etc	10 1
0 t E	O 10. Date deceased last worked at this occupation (month and year)	((Charley 1 tuss.
AGE AGE that	Ma . '0 ()	Other Contributory Causes of importance:
NFADING oplied. AGI erms, so tha instructions	12. BIRTHPLACE (city or town)	
y supplied ain terms, See instru	13. NAME Dryin trank Showalter	
H U sup	13. NAME dryin thank Survaller 14. BIRTHPLACE (city or town) togersten RTA: I has hid.	Name of operation Date of
ITH Illy plain	(State of country)	What test confirmed diagnosis? Was there an autopsystem.
W cfu in ant	15. MAIDEN NAME Flerry & Unilles 16. BIRTHPLACE (city or town) Near Mangans ville luf.	23. If death was due to external causes (VIOLENCE) fill in also the following:
JINLY, be car EATH imports	(State or country)	Accident, suicide, or homicide?
INLY, be can EATH import	2 . Ja & Show letter	Where did injury occur? (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
PLA hould OF D	17. INFORMANT Win white was	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
F-3 (20)	18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
	Ceiffe Coucking Date 10/70 132	Nature of injury
mation CAUSE TION is	19. UNDERTAKER Frele (Over trank Shoots) (Address)	24. Was disease or injury in any way related to occupation of deceased?
e z	20. FILED 10-20-1921 Charff Fowers	(Signed). (Signed). M. D.
M.	Registrar.	(Address) ffight w
	15 more vianas are needed, address State Registrar, 2	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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Example I	li li	Example II	
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
BURFAU V 8			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

Village or City Length of residence in FULL NAME (a) Residence: No	Anna M.	town. death occurred Showe	(liyrs,mos	No. 334 Central Ave. St., and death occurred in a horpital or institution, give its NAME instead of street and street and ds. How long in U.S. if of foreign birth?	5 War
Length of residence if FULL NAME_ (a) Residence: No	city or town where	death occurred	(liyrs,mos	death occurred in a hospital or institution, give its NAME instead of street and	War
(a) Residence: No	Anna M.	Showe	yrs,mos	s	
DEDCONAL A		(Usual place		St., 5 Ward. If nonresident give city or lown and	080
PERSONAL A	ND STATIST	ICAL PARTI	CULARS	MEDICAL CERTIFICATE OF DEATH	
	LOR OR RACE hite	5. SINGLE, MAR OR DIVORCE WICOW	RIED, WIDOWED, D (qurite the word)	21. DATE OF DEATH Oct 12 (Month) (Pay)	, 193 32 (Year)
f married, widowed, or of HUSBAND of (or) WIFE of	ivorced Fri	sby T. S	Showe.		
ATE OF BIRTH (month,	Hay, and year) 1	864.		I last saw hex elive on 10/11 1932	; death is sai
GE Years	Months 1	Days	If LESS than I day,hrs. ormin.	to have occurred on the date stated above, at 8 m. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of onse
kind of work do SAWYER, BODK 9. Industry or busines work was done.	ne, es SPINNER, KEEPER, etc s in which as SILK MILL.	Home wo	ork.	Myscardalii	1928
10 Date deceased last this occupation (worked at month and	sper	nt in this	Dibar Cashribatow Course of importance	-
BIRTHPLACE (city or to (State or country)	(n) Washing	ton Cou	nty, Md.	Aunulas Fibrilla Fin	6/32
				4	
	town) Washi	ngton Co	ounty, Mo	Name of operation	out opsy
15. MAIDEN NAME 16. BIRTHPLACE (city of (State or country))	Anna M	onegan.		23. If death was due to external causes (VIDL ENCE) fill in elso the following	:
NEDRMANT IV	an Showe	•		(open) on our, count and bla	e) ACE.
		y Date Oct	14 ,19 32	Manner of injury	
UNDERTAKER (Address)	Hagers	town, Md	owers	If so, specify (Signed)	IVO.
	f married, widowed, or de HUSBAND of (or) WIFE of ATE OF BIRTH (month, GE Years 68 8. Trade, profession, or kind of work dod SAWYER, BODK 9. Industry or busines: work was done, at this occupation (year) BIRTHPLACE (city or tow (State or country) 13. NAME G 14. BIRTHPLACE (city or tow (State or country) 15. MAIDEN NAME 16. BIRTHPLACE (city or Country) WIEDER OF COUNTRY (Address) BURIAL, CREMATIDN, OI Place Manor	f married, widowed, or divorced HUSBAND of (or) WIFE of Fri ATE OF BIRTH (month, My, and year) 1 GE Years Months 68 1 8. Trade, profession, or particular kind of work done, es SPINNER, SAWYER, BODKKEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAMYER, BORKEPER, etc. 10. Data deceased last worked at this occupation (month and year) BIRTHPLACE (city or town) (State or country) Washing 13. NAME George Ja 14. BIRTHPLACE (city or town) (State or country) Washing 15. Maiden NAME Anna M 16. BIRTHPLACE (city or town) (State or country) Washin NEDRMANT Ivan Showe (Address) Hagers town BURIAL, CREMATIDN, OR REMDVAL Place Manor Cemeter UNDERTAKER Fred W. (Address) Hagers FILED 73, 1932	f married, widowed, or divorced HUSBAND of (or) WIFE of Frisby T. S. ALL OF BIRTH (month, Hay, and year) 1864. GE Years Months Days 188. 8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BODKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Dafe deceased last worked at this occupation (month and year) (State or country) Washington Counts and State or country) Washington Counts and State or country) Washington Counts and Monegan. 14. BIRTHPLACE (city or town) (State or country) Washington Counts and Monegan. 16. BIRTHPLACE (city or town) (State or country) Washington Counts and Monegan. 16. BIRTHPLACE (city or town) (State or country) Washington Counts and Monegan. 17. MAIDEN NAME Anna Monegan. 18. Maiden NAME Anna Monegan. 19. BURIAL, CREMATIDN, OR REMDVAL Place Manor Cemetery Date Oct. UNDERTAKER Fred W. Kraiss. (Address) Hagerstown, Monegan. FILED / 3, 19 3 2 6 March 19 M	f married, widowed, or divorced HUSBAND of (or) WIFE of Frisby T. Showe. ATE OF BIRTH (month, Bay, and year) 1864. GE Years Months Days If LESS than I day, hrs. or min. 8. Trade, profession, or particular kind of work done, as SPINNER. Home Work. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Dafe deceased last worked at this occupation (month and year) BIRTHPLACE (city or town) (State or country) Washington County, Md. 13. NAME George Jacobs. 14. BIRTHPLACE (city or town) (State or country) Washington County, Md. 15. MAIDEN NAME Anna Monegan. 16. BIRTHPLACE (city or town) (State or country) Washington County, Md. NEDRMANT Ivan Showe. (Address) Hagerstown, Md. BURIAL, CREMATIDN, OR REMDVAL Place Manor Cemetery Date Oct 14, 19. 32. UNDERTAKER Fred W. Kraiss. (Address) Hagerstown, Md. FILED / 3. 19. 3. John Markey Megistrar.	I married, widowed, or divorced HUSBAND of (work) WIFE of Frisby T. Showe. ATE of BIRTH (month, Hay, and year) 1864. GE Years Months Days II LESS than I day, nrs. of Sawy and the state of the st

STATE OF MARYLAND—CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BURBAU V.	-		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

1	L. PLACE OF DEATH	(92-0)
	County Agg Jurgline	Registration Dist. No. 00
		No. St., W death occurred in a hospital or institution, give its NAME instead of street and number)
	Length of residence in city or town where death occurred yrs. T. mos 2. FULL NAME Samuel Raleigh Sh	ds. How long in U.S. if of foreign birth?yrsmos
	(a) Residence: No.	St., Ward.
-	(Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH
3.	SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH 2 , 198 2 (Year, 1982)
5a.	If married, widowed, or divorced HUSBAND of (or) WIFE of	I HEREBY CERTIEY. That I attended deceased
6.	DATE OF BIRTH (month, day, and year) //- 2 - /8-63	Hast saw him alive on Cet 2 1938; death is
7.	AGE Years Months Days If LESS than 1 day,hrs. ormin.	to have occurred on the date stated above, at
LTION	8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Ilo + Chi
OCCUPAT	Industry or business in which work was done, as SILK MILL. Labore. SAW MILL, BANK, etc. 10. Date deceased last worked at 11. Total time (years)	NEWY) X) CALLAGE
_	10. Date deceased last worked at this occupation (month and 6-1-32 spant in this occupation occupation Maryland,	Other Contributory Causes of importance:
_	(State or country)	
FATHER	14. BIRTHPLACE (city or town) - All and	Name of operation
	(State or country)	What test confirmed diagnosis?
MOTHER	15. MAIDEN NAME Chyabeth placinger	23. If death was due to external causes (VIOL ENCE) fill in also the following: Accident, suicide, or homicide? 19.
MO	16. BIRTHPLACE (city or town) Mary and (State or country)	Where did injury occur?(Specify city or town, county and State)
	(Address) Big Springs Mich.	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18	BURIAL, CREMANDN, OR REMOVAL Place Classpung Date 10 - 4, 1932	Manner of injury
19	UNDERTAKER Richard M. Comad. (Address) Clearpring Md.	24. Was disease or injury in any way related to occupation of deceased?
20	FILED Oct 3, 1932-() w Museup	(Signed Markey Company of Contraction of Contractio

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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BUREAU V.S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

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(Address)

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. 30 2

St.: Ward) (If death occurred in a hospital or institution, give its NAME irstend of street and number.)

Made of the first	
16 DATE OF DEATH OF 17	1932
(Month) (Day)	
17 I HEREBY CERTIFY, That I attended the de-	0 -
Oct 14 1982 to Oct 17	, 192 4
that I last saw h a alive on Cet 17	
and that death occurred on the date stated above, at	, m
Choler Lufauture (acu	To.
Entreus)	
(Duration)yrsm	os
Contributory Love);;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;
Juration yesrr	108ds
(Signed) Suration yes m	M-D
at 17, 182 (Address) Wayneston	0, 6
*State the Disease Causing Death, or, in dea Violent Causes, state (1) Means of Injury and (2) Accidental, Suicidal or Homicidal.	ths from Whether
18 LENGTH OF RESIDENCE (For Hospitals, Instituti	ons, Trans
At place of deathyrsmosds. In the Stateyrs	.mosds
Where was disease contracted, if not at place of death?	
Former or usual residence	
19 PLACE OF BURIAL OR REMOVAL DATE OF	BURIAL
20 UNDERTAKER ADDRESS	77 136) .K.
6 1 11 0	

If more blanks are needed, address State Registrar, 16 W. Saratosa St., Balto. Requesting V. S. No. 1.

(Approved by U.S. Census and American Public Health Association.)

Spinner, state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, House household only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the laborer, er," etc., worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealthe first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every Physician, Compositor, Architect, report specifically the occupations of persons en-Foreman, to know (a) the kind of work and also (b) the or At Home, and children, For many occupations a single word or term on yrs). Farm laborer, Laborer-Coal mine, etc. Wom-(b) Cotton mill; (a) Salesman, without more precise specification as Day For persons who have no occupation (6) Automobile factory. The material person, irrespective of Locomotive not gainfully em-(6) engineer, Grocery;

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebros; inal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

"Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease American Medical Association.) approved by Committee on Nomenclature of the (Recommendations on statement of cause of death as fracture of skull, and consequences (e.g., sepsis, "PUERPERAL septicaemia," "PUERPERAL peritonitis, atic), "Atrophy," "Collapse," "Coma," "Convulsions, stated unless important inges, perilonaeum, etc., Careinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid tctanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury. accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptom-10 ds. Never report mere symptoms or terminal condicausing death), 29 ds.; L. (secondary or intercurrent) Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; taken. unqualified, is indefinite); Tuberculosis of lungs, men-Examples: Accidental drowning; Struck by railway train-FOR VIOLENT DEATHS State MEANS OF INJURY cough; Chronic Example: Measles (disease chopneumonia (secondary) valvular heart disease etc. The contributory affection need not be

If this certificate is looked over thoroughly and a'l questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

V. S. No. 1

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STATE	OF MAR	YLAND—	CERTIFICATE OF DEATH	11309
1. PLACE OF DEATH	,		<u>8</u>)	727
Village or City Hage	rstor		No. H2 4 Mechanic Registration Dist. N Registration Dist. N And Chanic death occurred in a hospital or institution, give its NAME instead	St., 5 Ward of street and number)
Length of residence In city or town where	death occurred	yrsmos	ds. How long in U.S. if of foreign birth?y	rsds.
2. FULL NAME un no	much	carley	Houard wowardend,	
(a) Residence: No.	(Usual place	of abode)	St., Ward. If nonresident give city	v or Iown and State
PERSONAL AND STATIST	ICAL PART	ICULARS	MEDICAL CERTIFICATE OF	
3. SEX 4. COLOR OR RACE		RRIED, WIDOWED, ED (write the word)	21. DATE OF DEATH (Month)	(Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Sheet by	·		22. I HEREBY CERTIFY, Tha	
6. DATE OF BIRTH (month, day, and year)	ect 10	5 7	I last saw h	, 19; death is said
7. AGE Years Months	Days	If LESS than I day,hrs. ormin,	to have occurred on the date stated boup, atm The PRINCIPAL CAUSE OF DEATH and retails causes of imperent as follows:	
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BODKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Date deceased last worked at this occupation (month and			A-A-	Date of onset
A Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.				
10. Date deceased last worked at this occupation (month and year)	spe	time (years) entin this upation	Dther Contributory Causes of importance:	
12. BIRTHPLACE (city or town)	eslo.	or my	Other Contributory Causes of importance:	4,
13. NAME From and It	Hodo	tarel		
13. NAME Froncul M 14. BIRTHPLACE (city or town) (State or country)	enlou	14	Name of operation	Date of
15. MAIDEN NAME brewn, 16. BIRTHPLACE (city or town). Wan	nesto	w	23. If death was due to external causes (VIOLENCE) fill in also Accident, suicide, or homicide? Date of i	the following:
17. INFORMANT Homans	w stor	eldane	Where did injury occur? (Specify city or town, constitution of the specify whether Injury occurred in INDUSTRY, in HOME, or in the specify whether Injury occurred in INDUSTRY.)	ounty and State) n PUBLIC PLACE,
(Address) / occ. 18. BURIAL, CREMATION, OR REMOVAL Place Place	Date Con	1-11,1932	Manner of injury	
19. UNDERTAKER Horacel (Addiess) Hazor	or Slove	aland /	24. Was disease or injury in any way related to occupation of If so, specify	deceased?
20. FILED. 10-11-, 1936	Kest to	Registrar.	(Signed) St. G. Jorgense	own my

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To be complete, an occupation return must state:

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10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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Example I	1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

(Address)

(Address)

19. UNOERTAKER

Slown Md Oate

BINDIN

FOR

RESERVED

MARGIN

Manner of injury Neture of injury

24. Wes disease or injury in any way related to occupation of deceased? If so, specify

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Registrar

Drwale.

V. S. No. 1

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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUKKAU V.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1 B ż

item of infor-

, ,	-CERTIFICATE OF DEATH 11311
1. PLACE OF DEATH	(184)
County Vagange	Registration Dist. No.
Village or City A TECK	No. St., Ward If death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurred yrs fmo 2. FULL NAME Was Alia Alia	
(a) Residence: No.	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR FACE OR DIVORCED ("write the world) 5. If married wildward or dispared.	21. DATE OF DEATH /0 - /6 (Oay) . 193 2 (Year)
5a. If married, widowed, or divorced HUSBANO of (or) WIFE of	22. I HEREBY CERTIFY. That I ettended deceased from
6. DATE OF BIRTH (month, day, and year) $2-11-08$! last saw h alive on, 19; death is said
7. AGE Years Months Oays If LESS than 1 day, hrs.	to have occurred on the date stated above, at
8. Trade, profession, or particular kind of work done, as SPINNER afore. SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL & all Research work was done, as SILK MILL & all Page 32	Piercing Feft timple
SAW MILL, BARK, etc. 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation occupation	Other Coutributory Causes of importance:
12. BIRTHPLACE (city or town) (State or country)	
13. NAME J. M. Johns	
2 14. BIRTHPLACE (city or town)	Name af operation Oate of
(State of County)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Mande Company 16. BIRTHPLACE (city or town) (Stata or country)	23. If death was due to externel ceuses (VIOL ENCE) fill in also the following: Accident, suicide, or homicide?
17. INFORMANT (Address) Berkely Strings W. Van	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place Dar lungton 2000 Date 10/18 1992	Manner of injury
19. UNDERTAKER TO Sentice ! In a control of the con	24. Was disease or injury in any way related to occupation of deceased?
20. FILEO 10/17 , 1932 10 Jenkin Registrar.	(Signed) Attors telle agt com M. D. (Address) Harrish and

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Chronic interstitial nephritis	1921	Run over by street car	1 week ogo
Cerebrol hemorrhage	July 5,1927	Peritonitis	3 days ogo
Other contributory causes of importance:		Other contributory causes of importance:	
Gollstones	May 1,1923	Gastroenteritis	1 year

(Year)

to have occurred on the date stated above, at The PRINCIPAL CAUSE OF DEATH and related causes of importance Oate of onset What test confirmed diagnosis? Was there an aulopsy? 23. If death was due to external causes (VIOLENCE) fill in also the following: (Specify city or town, county and State) Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE. Registrar. If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

RESERVED

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		CAAGGG	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL	SPACE FO	R FURTHER	STATEMENTS	BY	PHYSICIAN
TINDYTIONS	OI IIVIII I	AL A CHARACTER	DISTINGUISIO	23 2	T TT T DY CT TATA

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH 45
1. PLACE OF DEATH	(82-0) 11313
County Washington	Registration Dist. No. 302
Village or City Hay trollowing	No/23/Svoadway St. 4 Ward
	death occurred in a hospital or institution, give its NAME Instead of street and number) ds. How long in U.S. if of foreign birth?
2. FULL NAME TO TWO J. Ma	reham
(a) Residence: No. 123 Broadway	St., Ward.
(Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
OR DIVORCED (write the word)	OCS. 180 193 2
Sa. If married, widewed, or divorced	(Month) (Day) (Yeer)
Lustand & Emma Wanham	22. I HEREBY CERTIFY, That attended deceased from
6. DATE OF BIRTH (month, dey, and year) 75% 16" 1857	I last saw have alive on DEA/8. 19.23 Seath is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 2.4 2m.
75 8 2 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular	Crabral homowhoge. Quest. Date of onest
kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc	Justononing Garsna
Industry or business in which work was done, as SILK MILL,	
SAW MILL, BANK, etc 10. Date deceased last worked at 11. Total time (years)	a general paralytic condition caused
this occupation (month and year) spant in this occupation	by cerebral hemovilage.
12. BIRTHPLACE (city or town) Wash Co	Other Contributory Causes of importance:
(State or couply)	Jaseraly Mo Vach
13. NAME Naved Warehain	local ford
14. BIRTHPLACE (city or town) Wash Co	Name of operation
(State or country)	What test confirmed diagnosis? Was there en au'opsy?
15. MAIDEN NAME (LUW SULLYWOOD)	23. If death was due to external causes (VIOL ENCE) fill In elso the following:
16. BIRTHPLACE (city or town) Wash Co	Accident, suicide, or homicide? Date of injury, 19
(State or country)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT ALLO COMPANY CONTRACTOR OF THE CON	Specify whether injury occurred In INDUSTRY, in HOME, or in PUBLIC PLACE.
(Address) Q A WILL UNE. 18. BURIAL, CREMATION, OR REMOVAL	Managedistry
Place A a gest tone Date /20, 1932	Manner of injury Nature of injury
19. UNDERTAKER - Combuter Plous	24. Was disease or injury in any way related to occupation of deceased?
(Address) Hazerviene, ma	If so, specify
20. FILED /0-/9-, 19 3 V Mast Bowers	(Signed) (Ardress) Han Somma Wild.
	1411 N. Charles Street, Baltimore, Requesting V. S. No. 1.
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County Manual of the County Willage or City Part of the County Willage or County Willage or City Part of the County Willage or City Part of City Part of the County Willage or County Willage or City Part of the County Willage or County Willage or County Willage or City Part of City Part of the County Willage or City Part of the Co	A-	STATE OF MARYLAND—	CERTIFICATE OF DEATH 11344		
Village or City Further Comments of the Comment of the Comments of the Comment of	state UPA-	1. PLACE OF DEATH			
Village or City Full Manual Length of residence in city arrays mysprogram occurred. Length of residence in city arrays mysprogram occurred. 1. The Company of the Company	CC	County Washington	Registration Dist. No. 302		
Length of residence in city argum dyrough the occurred to the country of the coun		Village or City Lager lown	16/4-1-		
2. FULL NAME SULLIVOUS Solutions of the State of the Stat			death occurred in a hospital or institution, give its NAME instead of street and number)		
PERSONAL AND STATISTICAL PARTICULARS J. SEX 4. COLOR OR RACE O. SUNCE, MARKIED, Wipoweb J. SEX 4. COLOR OR RACE O. SUNCE, MARKIED, Wipoweb J. SEX 5. SING, MARKIED, Wipoweb J. SEX 4. COLOR OR RACE O. SUNCE, MARKIED, Wipoweb J. SEX 5. If married, widowed, or divorced HUSARO of (North) File of J. J. SEX 4. COLOR OR RACE O. SUNCE, MARKIED, Wipoweb J. SEX J. HER EBY CERTIFY. That I attended deceased from J. J. SEX J. HER EBY CERTIFY. That I attended deceased from J. J. SEX J. HER EBY CERTIFY. That I attended deceased from J. J. SEX J. HER EBY CERTIFY. That I attended deceased from J. J. SEX J. HER EBY CERTIFY. That I attended deceased from J. J. SEX J. HER EBY CERTIFY. That I attended deceased from J. J. SEX J. HER EBY CERTIFY. That I attended deceased from J. J. SEX J. J. J. S. J. G. C. Z. J. J. S. J. C. C. Z. J. J. J. S. J. C. Z. J.	AN.		as now true in 5.5.11 of foreign birth? yrs		
PERSONAL AND STATISTICAL PARTICULARS J. SEX 4. COLOR OR RACE O. SUNCE, MARKIED, Wipoweb J. SEX 4. COLOR OR RACE O. SUNCE, MARKIED, Wipoweb J. SEX 5. SING, MARKIED, Wipoweb J. SEX 4. COLOR OR RACE O. SUNCE, MARKIED, Wipoweb J. SEX 5. If married, widowed, or divorced HUSARO of (North) File of J. J. SEX 4. COLOR OR RACE O. SUNCE, MARKIED, Wipoweb J. SEX J. HER EBY CERTIFY. That I attended deceased from J. J. SEX J. HER EBY CERTIFY. That I attended deceased from J. J. SEX J. HER EBY CERTIFY. That I attended deceased from J. J. SEX J. HER EBY CERTIFY. That I attended deceased from J. J. SEX J. HER EBY CERTIFY. That I attended deceased from J. J. SEX J. HER EBY CERTIFY. That I attended deceased from J. J. SEX J. HER EBY CERTIFY. That I attended deceased from J. J. SEX J. J. J. S. J. G. C. Z. J. J. S. J. C. C. Z. J. J. J. S. J. C. Z. J.	tem /	7/ A A TOWN	of wrance to the orge		
3. SEX 4. COLOR OR RACE 5. SINCIF, MARKIED, WIDOWSD. OR SYNCEDO (smr) (she word) 5. If married, vistowed, or divorced HUSBAND of (or) Wife of 10 or Wife of	YS		The state of the s		
3. SEX **COLOR OR RACE **O. SUNCEED (emitty the word) **O. SUNCEED (emitty the word) **Sunday (Month) **Sunday (Mon	PH	U			
Sa. It married, widowed, or diversed HUSBARD or (or) WHE O OF CAST OF BIRTH (month, day, and year) 7. AGE Sa. It married, widowed, or diversed HUSBARD or (or) WHE OF OF CAST OF BIRTH (month, day, and year) 7. AGE Sa. It married, widowed, or diversed HUSBARD or (or) WHE OF OF CAST OF BIRTH (month, day, and year) 7. AGE Sa. It married, widowed, or diversed decessed from OF CAST OF BIRTH (month, day, and year) 7. AGE Sa. It married, widowed, or diversed decessed from OF CAST OF BIRTH (month, day, and year) 7. AGE Sa. It married, widowed, or diversed decessed from OF CAST OF BIRTH (month, day, and year) 7. AGE Sa. It married, widowed, or diversed decessed from OF CAST O	EX		21. DATE OF DEATH		
So. If married, widowed, or divorced USSAN DO Cory wife of Ory wif	LY	mi Mi Single	(Month) (Day) (Year)		
S. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days If LESS than 1 day, his his which were done as SPINNER, SONTER, BIONKEEPER, etc. 9. Industry or business in which was done as SPINNER, SONTER, BOOKEEPER, etc. 9. Industry or business in which was done as SPINNER, SONTER, BOOKEEPER, etc. 9. Industry or business in which was done as SPINNER, SONTER, BOOKEEPER, etc. 9. Industry or business in which was done as SPINNER, SONTER, BOOKEEPER, etc. 9. Industry or business in which was done as SPINNER, SONTER, BOOKEEPER, etc. 9. Industry or business in which was done as SPINNER, SONTER, BOOKEEPER, etc. 9. Industry or business in which was done as SPINNER, SONTER, BOOKEEPER, etc. 9. Industry or business in which was done as SPINNER. SONTER, BOOKEEPER, etc. 9. Industry or business in which was done as SPINNER. SONTER, BOOKEEPER, etc. 9. Industry or business in which was done as SPINNER. SONTER, BOOKEEPER, etc. 9. Industry or business in which was done as SPINNER. SONTER, BOOKEEPER, BOOKEEPER, etc. 9. Industry or business in which was done as SPINNER. SONTER, BOOKEEPER, BOOKEEPER, etc. 9. Industry or business in which was done as SPINNER. SONTER, BOOKEEPER, BOOKEEPER, etc. 9. Industry or business in which was done as SPINNER. SONTER, BOOKEEPER, BOOKEE	T	HUSBAND of			
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20. FILED 10-28-, 1952 Chart Bours (Signed) A. S. Vorterfield M. D. Registrar. (Address) 136 W. Washington & C.	In India	19. UNDERTAKER Selande le Molle	24. Was disease or injury in any way related to occupation of deceased?		
Registrar. (Address) 136 W. W. ashington, St.	101				
	10	20. FILED 10-28- 1952 6 Karft Boward	(Signed) A. A. Vorlerfield M.D.		
If more blanks are morded address State Prairies and M. C. J. C D. J. C D. J.			0		

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example 1	Wyen, annual and a service of the se	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUREAU V. P.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year